



MATTHEW FLINDERS FOUNDATION

Scholarship Application

STUDENT DETAILS

This application is for the following student:

Given Names: _____ Surname: _____ Date of Birth: _____

Residential Address: _____
_____ Postcode: _____

School currently attended: _____ Year: _____

Is the student an Australian citizen? Yes/No (If No ,please attach evidence of visa status) Nationality _____

Is the student of Aboriginal or Torres Strait Island origin? Yes/No Country of Birth: _____

Language spoken at home: _____ Religious Denomination: _____

PARENT/GUARDIAN DETAILS

This section relates to the parent/s (or guardian/s) of the Scholarship applicant.

Parent/Guardian 1
Name:

Mr/Mrs/Miss/Ms: _____
(Given Names) (Surname)

Residential Address: _____
_____ Postcode: _____ Mobile Number: _____

Postal Address: _____ Postcode: _____

Email address: _____

Marital Status: _____ No of dependants: _____ Occupation: _____

Parent/Guardian 2
Name:

Mr/Mrs/Miss/Ms: _____
(Given Names) (Surname)

Residential Address: _____
_____ Postcode: _____ Mobile Number: _____



**MATTHEW
FLINDERS
FOUNDATION**

Scholarship Application

Postal Address: _____ Postcode: _____

Email address: _____

Marital Status: _____ No of dependants: _____ Occupation: _____

Details of other dependant children:

First Name: _____ Family Name: _____ Age: _____

School or other institution attended: _____ Year: _____

First Name: _____ Family Name: _____ Age: _____

School or other institution attended: _____ Year: _____

First Name: _____ Family Name: _____ Age: _____

School or other institution attended: _____ Year: _____

If parents are divorced or separated, indicate the living arrangements for the child (children).

Do any of your children receive Austudy or any other government educational assistance? Yes/No

Please provide details:

Are you or any members of your family beneficiaries or entitled to be beneficiaries under any trust, will or other estate?



Scholarship Application

Yes/No

Please provide details:

Does your family receive any other financial assistance? Yes/No

Please provide details:

DECLARATION

The information above is given to assist the College in evaluating my (our) application and is to be kept strictly confidential.

I (we) declare that all of the information given above is true and to the best of my (our) knowledge or belief.

Parent /Guardian 1 Signature

Date:

Parent/Guardian 2 Signature

Date:



Scholarship Application

Please note that your application cannot be considered in the absence of the following documents.

Application checklist:

Item	Check
Folio	
Report 1 Academic/Pastoral	
Report 2 Academic/Pastoral	
Handwritten essay	
Reference 1	
Reference 2	
Parent bonafide statement (Statutory Declaration Page 4)	

Statutory Declaration

QUEENSLAND TO WIT

I/We, _____ (name of parent/s or guardian/s),

of _____ (address) in the State of Queensland do
solemnly and sincerely declare that:

1. My/Our financial circumstances are limited to the extent that I/we do not have the ability to meet payment of the tuition fees charged by Matthew Flinders Anglican College which are a prerequisite to my/our child being educated at the College.
2. Unless I/we are granted a remission of at least 50% of the current tuition fees my/our financial resources would not be sufficient to enable me/us to pay the tuition fees. With the remission of 50% of the fees I/we would have the ability to pay the balance tuition fees to enable my/our child to become a student of Matthew Flinders Anglican College.

And I/we make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1867*.

Declarant/s

Taken and declared before me at this day of 26.

A Justice of the Peace/Commissioner for Declarations