



CBC

CHRISTIAN BROTHERS' COLLEGE ST. KILDA

cultivating boys' character

SINCE 1878

SCHOLARSHIP APPLICATION

STUDENT NAME:

CURRENT Yr LEVEL:

5 6 7 8 9 10 11

DATE:

_____/_____/_____

SCHOLARSHIP TYPE:

- SPORTING SCHOLARSHIP
- MUSIC SCHOLARSHIP
- ACADEMIC SCHOLARSHIP

The section to be completed by the student (Section C) must be provided in the student's own handwriting.

Closing date for **Year 7, 2020** scholarship applications is **17 August 2018**. For all other year levels, applications close 31 August every year.

Please return by due date to:

The Registrar

CBC St Kilda

PO Box 258

ST KILDA VIC 3182

Received at CBC on ____/____/____

Application for Scholarship

Scholarship Commencement Year

A. Student Information

Name:
Surname First Name(s)

Date of Birth:/...../..... Country of Birth:

Address:
..... Postcode:

Telephone No: Religion:

Current School:

Suburb: State:

Current Year (Please circle): 5 6 7 8 9 10 11

B. Parent Information

Mother Father Guardian

Name:
Surname First Name(s)

Date of Birth:/...../..... Country of Birth:

Address:
..... Postcode:

Telephone Nos:
Home Business Mobile

Country of Birth: Occupation

Mother Father Guardian

Name:
Surname First Name(s)

Date of Birth:/...../..... Country of Birth:

Address:
..... Postcode:

Telephone Nos:
Home Business Mobile

Country of Birth: Occupation

F. Student's Academic Performance

Please attach copies of the two most recent school reports ONLY if your son is not currently a student at CBC St Kilda.

G. Student's Extra Curricular Interests

Sporting:

Organisation:

Name:

Contact Details:.....

.....

Musical:

Organisation:.....

Name:

Contact Details:.....

.....

Community Service:

Organisation:

Name:

Contact Details:.....

.....

Other:

Organisation:

Name:

Contact Details:.....

.....

Please note:

- * The Registrar, can be contacted for advice Monday to Friday 8.00am – 4.00pm at the College on 9520 8589.
- * Applicants will not be required to sit for a test. However, current students who are short listed will be asked to present for an interview with their Program Leader and may then need to meet with Director of Teaching and Learning.
- * A student’s participation in extra-curricular interests needs to be verified by a relevant authority, eg. Member of basketball team, verified by basketball coach or team manager.

Office Use Only

Date Received: ____/____/____

Interview Date: ____/____/____

Interviewer:

Interviewer:

Comments:
