

Scholarship Student Application Form

Student Details:		
Surname: _ Date of Birth: _		
Gender: _		
Year Level:		
Current School: _		
Parent / Caregiver	Details:	
Name:		
Street Address: _		
Suburb:		
City: _		
Postcode: _		
Mobile Number: _		
Email: _		
Please indicate which Scholarship your child/children will be applying for: Please tick.		

Academic Scholarship

Music Scholarship

O Sporting Scholarship



If your child has diagnostic assessments and receives some assistance with exams, he/she can use this assistance for the Academic Scholarship exam. Please indicate which method your child will use.

Reader / Writer
Computer Use

Extra Time

Achievements:

Please list the reasons why your child should be considered for this scholarship:



Please list leadership responsibilities and noteable achievements, both in and out of school. Include any sports and music actively engaged in.

Referees:

Please provide the names of two referees.		
Name:		
Mobile Number:		
Name:		
Mobile Number:		



Process:

Applications can be emailed or delivered to the school office and must be received by the Registrar, Nicky Oram, by 4:00pm on Friday 15 May.

Email: <u>oramn@cathedralgrammar.school.nz</u> Office address: The Cathedral Grammar School, 26 Park Terrace, Central City.

Please refer to the checklist below to ensure all completed documentation has been submitted with your application.

Checklist:

Please return the following documentation when submitting your application.

Completed Scholarship Application Form



- Diagnostic Assessments (if applicable)
 - Copies of Certificates / Awards / Achievements