



# *St Cecilia's Catholic Primary School*

## 2017 ROY HILL FOUNDATION SCHOLARSHIP APPLICATION

YEAR LEVEL IN 2017:    K   P   1   2   3   4   5   6

### STUDENT INFORMATION

Student Surname: \_\_\_\_\_ Gender: Male / Female    (please circle)

Christian Name(s): \_\_\_\_\_ Preferred name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth Certificate Attached: Yes/No

Nationality: \_\_\_\_\_ Languages Spoken at Home: \_\_\_\_\_

Please specify (circle):    Aboriginal    Torres Strait Islander    Aboriginal and Torres Strait Islander

### FAMILY INFORMATION

#### MOTHER OR FEMALE GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relationship to enrolling child: Mother / Stepmother / Other \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Email address: \_\_\_\_\_

Contact Numbers: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ (work number) \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth \_\_\_\_\_

#### FATHER OR MALE GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relationship to enrolling child: Mother / Stepmother / Other \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Email address: \_\_\_\_\_

Contact Numbers: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ (work number) \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth \_\_\_\_\_

*Faith Family Friendship*

**DETAILS OF NON-CUSTODIAL PARENT/S ( IF APPLICABLE )**

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_

If applicable please specify custody / access rights (eg can non-custodial parent be contacted in case in illness / emergency?) If yes, please supply contact details \_\_\_\_\_

If applicable a *copy of any Parenting or Restraint Order is attached*: Yes / No

Any other conditions enforced at law? \_\_\_\_\_

**AGREEMENT**

I/we understand and accept that the completion of this scholarship application does not guarantee a scholarship.

Successful applicants will be determined in accordance with the school's scholarship criteria.

I/we have completed this application form fully and to the best of my/our knowledge.

I/We have read and understand the eligibility and what the scholarship covers.

The parent/carer of the student must have a current Health Care or Pension Concession Card

Be supportive of the student's education, and the student must demonstrate a commitment to education by attending school for a minimum of 90% of the time. (Consideration will be made for family issues)

Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application process, then the scholarship may be refused or terminated on this ground.

I/we agree to abide by the policies and directions of the school and the Catholic Education Commission of Western Australia as they are enacted from time to time.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

MOTHER OR FEMALE GUARDIAN

\_\_\_\_\_ Date: \_\_\_\_\_

FATHER OR MALE GUARDIAN

IF THIS FORM IS NOT FULLY COMPLETE, WE WILL BE UNABLE TO PROCESS THIS APPLICATION.

**Please attach a copy of:**

Current Healthcare card or Pension Concession Card

Students birth certificate and school reports (if not a current student of St Cecilia's Catholic Primary School).