

— Always aiming higher



**SCOTS PGC
COLLEGE**
Warwick, Queensland

Application for

Scholarship

+ spirit + tenacity + authenticity + excellence + respect



Scholarship Application

Through scholarships and academic bursaries, we create opportunities for young people to benefit from a SCOTS PGC education, fulfil their potential and contribute to the culture and diversity of our school.

SELECT THE SCHOLARSHIP YOU WISH TO APPLY FOR:

ACER Academic Scholarship

General Excellence Scholarship

Rural Boarding Scholarship

SUBMITTING YOUR APPLICATION

Applications can be submitted by emailing the full application, including supporting documents to **scholarships@scotspgc.com.au**

OR via post to:

SCOTS PGC College
60 Oxenham Street
WARWICK QLD 4370

FOR FURTHER INFORMATION

Call SCOTS PGC College on 07 4666 9808 or email us at **scholarships@scotspgc.com.au**
We also encourage you to visit our website to learn more about the College via **www.scotspgc.com.au**

Scholarship Application

1. APPLICANT'S DETAILS

| | | | |
|---|---------------------|-------------------------|--|
| First Name | | Middle Name | |
| Surname | | Preferred Name | |
| Date of Birth | M | F | Country of Birth |
| Please specify | Australian Resident | Permanent Resident | Other, please specify |
| Nationality | | Language spoken at home | |
| Are you of Aboriginal descent? | No | Yes | Is a language other than English your child's primary language? |
| Are you of Torres Strait Island descent? | No | Yes | If yes, please specify _____ <i>Please include community home language or dialect if applicable</i> |
| Residential Address | | | |
| Postcode | | | |
| Postal Address | | | |
| Postcode | | | |
| Please specify | Day student | Boarder | If Boarder |
| | | | Full time |
| | | | Weekly |
| Year Level | | Year of Entry | |
| Does the applicant have any identified special needs? | No | Yes | Please specify |
| Does the applicant have a disability? | No | Yes | Please specify |



Scholarship Application

2. PARENT/GUARDIAN DETAILS

Parent /Guardian 1

Relationship to Applicant

First Name

Last Name

Phone

Relationship to Applicant

Residential Address

Email

Occupation

Employer

Parent /Guardian 2

Relationship to Applicant

First Name

Last Name

Phone

Relationship to Applicant

Residential address

Email

Occupation

Employer

3. SCHOOL DETAILS

School

School Address

Postal Address

Postcode



Scholarship Application

4. ADDITIONAL DETAILS

How did you find out about the scholarship?

Teacher or
Principal

Friend

Newspaper

Facebook

Parent or
Guardian

SCOTS PGC
website

Other website

Other:

5. CONSENT

I hereby give my consent for

(Applicant's name)

to participate in SCOTS PGC College
Scholarship process.

Applicant Signature

Date

Parent/Guardian Signature

Date

Name of Parent/Guardian

From time to time
SCOTS PGC College
sends reminders about
upcoming events or
information that is
relevant to your child's
participation.

Please tick this box to confirm your consent for
emails to be sent to the address provided

Submitting your form

PLEASE SAVE THE COMPLETED FORM AND EMAIL TO:
scholarships@scotspgc.com.au

60 Oxenham Street Warwick Queensland 4370
p + 07 4666 9811 e +scholarships@scotspgc.com.au
Uniting Church in Australia Property Trust (Q). CRICOS 00537M



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