General Excellence Scholarship Application Form



Springfield

All sections must be compl	leted. Please <u>print</u> to complete the	following:
You are applying for a scholarsh	ip at St Peters Lutheran College, Springfi	ield.
1. (a) You have previousl	y lodged your enrolment application	Yes or
(b) You are lodging you	ur enrolment application today	Yes
2. You are applying for a	General Excellence scholarship in:	
☐ Drama ☐	Music Nominate instrument or voice	Sport Visual Arts Nominate sport
Student's surname:		
Student's first name(s):		
Religious denomination:		Gender: Male / Female
Age:		Date of birth: / /
Current year level:		Year level next year:
Current school:		
Parent/guardian names:	1	2
Postal address:		
Contact details:	Home: ()	Home: ()
	Work: ()	Work: ()
	Fax: ()	Fax: ()
	Mob:	Mob:
	Email:	Email:
I confirm I have read and requested.	understand the Scholarships Guidelines a	and have attached all relevant information as
 detailed information of yo detailed in the Scholarshi 	s/contact details of at least two relevant of our child's achievements, standards and ops Policy; and pplication form and your cheque for \$100	involvement in the category selected above as

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