

2027 Music Scholarship Application Form

Name of Student:					_		
Year Level in 2026:			Citizensł	nip:			
Gender:			DOB:				
Principal Instrumen	t				_		
Other Instruments					_		
Current School:					_		
No of years at your current school							
Parents' Names:							
Correspondence Address:							
Email:							
Phone:							
Mobile:							
Signature of Parent	/Guardian:						
Please indicate audi	ition performa	nce (one option)				
Voice	П	String		Woodwind	П		
Brass		Piano		Percussion			
P O Box 235	nmann olments Gabriels Scho	ool	Phone: 07	1787 1433			
CHARTERS TOWERS QLD 4820			Email: enrolments@allsouls.qld.edu.au				

Criteria for Music Scholarship:

- 1. Applicant's musical ability and choice of instrument
- 2. Performance at audition
- 3. School reports
- 4. Ability to contribute to and participate in the whole music program at All Souls St Gabriels School

CRICOS Provider: 02025G



The applicant is to complete the following section in their own handwriting.

Cano	didate's Name:				
Pleas	se provide information on activities undertaken over the last two years.				
1.	Musical achievements (Music school awards or other competitions)				
2.	Hobbies and other interests/Membership of clubs or community groups				
3.	Career Interests				
4. contr	If you were successful in obtaining a Music Scholarship, how would you ribute to the music program at All Souls St Gabriels School?				
5. appli	Is there any other information that you would like to provide to support your ication?				
Appl	licant's Signature: Date:				

For students not currently attending All Souls St Gabriels School, please ensure that the following document is included to support your application:

1. Most recent Academic School Report

Please note: Each entrant should have their own backing music (if required) with either a live performer or backing track.