2026 Academic Scholarship Application:

Name of Student:							
Year Level in 2025:			-	Citizenship:			_
Gender:			-	DOB:			_
Current School:							_
Year level in 2026	7	11		No of years at this school			_
Parents Names:							_
Correspondence Address:							-
Email:							_
Phone:							
Mobile:							
Is the applicant a son of a past student of A Is the applicant a resi Richmond or Winton	All Souls Stident of the	Gabriels S	School	nddaughter _Y	ES Shire:	NO	–
Signature of Parent/0	Guardian:						
lease complete and Mr Jon Teichma Head of Enroln All Souls St Gab	ann nents		y Wedr	nesday 07 May 2	025 to:		

Phone: 07 4787 1433 P O Box 235

CHARTERS TOWERS QLD 4820 Email: enrolments@allsouls.gld.edu.au

You will also need to ensure that you have registered for the ACER Scholarship Test via the link on the School website. A fee of \$50.00 will be charged by ACER as part of the registration process.

ACADEMIC SCHOLARSHIP CRITERIA:

- Results of the ACER Scholarship Test
- Most recent Academic School Report and NAPLAN results
- The ability to contribute to the academic pathways of All Souls St Gabriels School

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

Nar <i>Pleas</i>	ne: se provide information on activities undertaken over the rate page if you require more space to complete answe	•
1.	Academic achievements (Academic school awards	s or other competitions)
2.	Hobbies and other interests	
3.	Career Interests	
4. ——	Membership of clubs or community groups	
	Is there any other information that you would like cation?	e to provide to support your
App	olicant's Signature:	Date:

Pease ensure that the following documents are included to support your application:

- 1. Most recent Academic School Report
- 2. Most recent NAPLAN result