



## Douglas Scott Scholarship Application:

Name of Student: \_\_\_\_\_

Year Level in 2026: \_\_\_\_\_

Gender: M ☐ F ☐ DOB: \_\_\_\_\_

Current School: \_\_\_\_\_

**Please complete and return this form to:**

Mr Jon Teichmann  
Head of Enrolments  
All Souls St Gabriels School  
P O Box 235  
CHARTERS TOWERS QLD 4820

Phone: 07 4788 2210

Email: [enrolments@allsouls.qld.edu.au](mailto:enrolments@allsouls.qld.edu.au)

- ☐ The applicant is a new boarding family to All Souls St Gabriels School.
- ☐ I attest that the family has a financial need, and that the applicant would otherwise not be able to attend All Soul St Gabriels School without financial support. Proof of financial need may be requested.
- ☐ I/We agree to be jointly and severally liable for the payment of all School Fees imposed by the School that are not covered by the Scholarship during the applicant's enrolment.
- ☐ I have attached the 2 most recent school reports of the applicant.
- ☐ I attest that the applicant has the ability to contribute to the culture of All Souls St Gabriels School.

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Signature Parent 1: \_\_\_\_\_

Signature Parent 2: \_\_\_\_\_



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

Candidate's \_\_\_\_\_  
Name:

*Please provide information on activities undertaken over the last two years. Please attach a separate page if you require more space to complete answers.*

1. Achievements (Academic, Sporting or Leadership – Mind, Body, Spirit)

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2. Hobbies and other interests

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3. Career Interests

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4. Membership of clubs or community groups

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5. Is there any other information that you would like to provide to support your application?

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_