



Rowena Hart Scholarship Application:

Name of Student: _____

Gender: Female DOB: _____

Current School: _____

Year level in 2025 7 ☐ 8 ☐ 9 ☐ 10 ☐

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

- ☐ 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 Character – Mind, Body, Spirit)

2. Hobbies and other interests

3. Career interests

4. Membership of clubs or community groups

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

Applicant's Signature: _____ Date: _____