



INDIGENOUS SECONDARY SCHOLARSHIP
PART ONE
APPLICATION FORM 2018

All information collected is kept confidential and may only be viewed by those parties directly concerned with processing the application. Should the application be successful this information will provide an insight into how best we can help your son adjust to life at Scotch College

Please complete this form and submit it together with applicant's last two school reports, copies of his Year 5 and/or Year 7 National Assessment Program – Literacy and Numeracy (NAPLAN), two letters of reference (one from the applicant's current school Principal and a character reference), proof of Aboriginality, any Psycho-educational, Paediatrician, Speech/Occupational Therapist reports or other professional reports relevant to your son.

Applications close 31st May 2017

SECTION A - PERSONAL INFORMATION
QUESTIONS TO BE COMPLETED BY PARENT/GUARDIAN

Full name of Applicant:

Address:.....
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Home Phone: Mobile Phone:

Email address:

Date of birth: Age:

Is the applicant currently enrolled at Scotch: No Yes Starting Year (e.g. 2011):

Is the applicant eligible for Abstudy: No Yes

Please identify the Traditional Owner/Language Group:

Full name of parent/guardian:

Address of parent/guardian:

Home Phone: Mobile Phone:

Email address:

Is the parent/guardian Aboriginal or Torres Strait Islander: No Yes

Please identify the Traditional Owner/Language Group:

Full name of emergency contact other than parent/guardian:.....

Address of emergency contact:

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Home Phone: Mobile Phone:

Email address:

SECTION B – ACADEMIC AND PASTORAL INFORMATION

1. Name of your son’s current school.
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2. Names of previous schools that your son has attended and years of attendance.
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3. Is a language/dialect other than English spoken by anybody at home?

No Yes

If yes, which language/dialect? _____

If yes, by whom? _____

4. Please comment on any particular academic strengths relating to your son.
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5. Has your son been identified as intellectually gifted?
If yes, please give the main indicators (eg. results of an individual or group administered ability test, or standardised tests of achievement etc) and any subsequent programmes that he has been involved in.
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6. Has your son been involved in any special programmes at other schools (e.g. PEAC, TAGS)?
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7. Has your son been placed in an academic year group above or below his year level or repeated an academic year level for any reason?

No Yes (if yes, give details)

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8. Has your son received special assistance in any school subjects?

No Yes (if yes, give details)

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9. Does your son have any abilities or additional needs of which we should be aware?

No Yes

If yes, please specify

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10. Does your son experience difficulties in his learning?

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11. Do you have any special concerns about your son's social skills, behaviour or emotional wellbeing? If yes, please indicate your concerns.

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12. Has your son had any special educational or medical assessments (for example, Psychologist, Paediatrician, Speech/Occupational Therapist or other professional)?

No Yes If yes, please provide details

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Please enclose a copy of any relevant assessments, letters or reports.

13. What are your son’s current extra curricular activities/interests/strengths?

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14. Are you prepared to contribute financially to your son’s extra curricular activities and events? For example, providing musical instruments and weekend outings. No Yes

15. Please explain why you would like your son to attend Scotch College.

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I understand that this application is for consideration to receive a scholarship for my son to attend Scotch College in Perth. I understand that there will be interviews and agree that my son and I will be available to attend the interview as arranged. This application is an expression of interest in the scholarships; I understand that there are no guarantees of my son receiving the scholarship.

Signature of Parent/Guardian:

Date:

All applications to be submitted to:

Felicity Byres
Indigenous Student Programme Co-ordinator
Scotch College
PO Box 223
CLAREMONT WA 6910
Tel. (08) 9383 6959
FCByres@scotch.wa.edu.au
www.scotch.wa.edu.au

SCOTCH
COLLEGE



**INDIGENOUS SECONDARY SCHOLARSHIP
PART TWO
APPLICATION FORM 2018**

All information collected is kept confidential and may only be viewed by those parties directly concerned with processing the application. Should the application be successful this information will provide an insight into how best we can help your son adjust to life at Scotch College

Please complete this form and submit with Part One.

SECTION A – QUESTIONS TO BE COMPLETED BY APPLICANT:

Full Name of Applicant:

1. What are your favourite subjects at school and why do you like them?

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2. Have you ever been away from your school and home, on a camp or for a prolonged period? Tell us about your experience.

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3. At Scotch College, all students are required to participate in sport. What sports do you play, and/or a sport you would like to play?

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4. What do you like doing outside of school? Write about your friends and hobbies?

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5. What do you think boarding at Scotch College will be like?

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6. How do you feel about boarding at Scotch College? Please give reasons.

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7. What do you want to do once you finish school?

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8. Who is your favourite role model, and why?

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9. Have you ever received any awards, trophies or certificates? What were they for?

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