



INDIGENOUS SECONDARY SCHOLARSHIP APPLICATION FORM

PART ONE

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 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

- Birth Certificate
- 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, Pediatrician, Speech/Occupational Therapist reports or other professional reports relevant to your son.

Applications close 30th June for entry into the following year.

SECTION A - PERSONAL INFORMATION

Full name of Student/Applicant: _____ Date of Birth: _____

Current School Year: _____ Entry School Year: _____ Enrolment Type: Boarding/ Day
(please circle)

Address: _____

Is the applicant currently enrolled at Scotch: No Yes

Is the applicant eligible for Abstudy: No Yes

Please identify the Traditional Owner/Language Group: _____

Full name of Parent/Guardian 1: _____

Home Phone: _____ Mobile Phone: _____

Email address: _____

Address: (if different from above) _____

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

If so, please identify the Traditional Owner/Language Group: _____

Full name of Parent/Guardian 2: _____

Home Phone: _____ Mobile Phone: _____

Email address: _____

Address: (if different from above) _____

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

If so, please identify the Traditional Owner/Language Group: _____

**Full name of Emergency Contact
other than Parent/Guardian:** _____

NB: All boarding students require a Perth – based contact/guardian.

Relationship to student: _____

Address of emergency contact: _____

Home Phone: _____ Mobile Phone: _____

Email address: _____

SECTION B – ACADEMIC AND PASTORAL INFORMATION

1. Name of your son's current school: _____

2. Names of previous schools that your son has attended and years of attendance:

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 interests/strengths relating to your son:

5. Has your son been involved in any special programmes at other schools (PEAC, TAGS)

No Yes If yes, please specify

6. 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? If yes, please specify

7. Does your son experience difficulties in his learning? If yes, please explain

8. Has your son had any special educational or medical assessments (for example, Psychologist, Pediatrician, Speech/Occupational Therapist or other professional)? If yes, please provide details

9. What are your son's current extra-curricular activities/interests/strengths?

10. Are you prepared to contribute financially to your son's education at Scotch, based on a means-tested calculation? No Yes

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

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:

Signature of Parent/Guardian: _____

Date:

All applications to be submitted via email to:
Indigenous Programme Administrator
IndigenousProgramme@scotch.wa.edu.au



INDIGENOUS SECONDARY SCHOLARSHIP APPLICATION FORM

PART TWO

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 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 STUDENT:

Full Name of Student: _____

1. Tell us about your family and country.

2. What are your favorite subjects at school and why do you like them?

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

4. 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?

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

6. Are you applying to be a boarder? If so how do you feel about boarding at Scotch College?

7. Who is your favorite role model, and why?

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

9. What makes you proud as an Indigenous person?

