

Emmanuel Catholic College

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APPLICATION FOR ABORIGINAL SCHOLARSHIP

Name of Applicant:		
	Surname (block letters)	Christian Name (in full)
Address:		
		Postcode
Telephone:		
Home	Dad's Work	Dad's mobile
	Mum's work	Mum's mobile
Date of Birth:	Religion of Applicant:	
School Attended:		Current Vear
School Attenueu.		Current Year:
Father's Name:	Mother's Nam	e:
Occupation:	Occupation:	
Has the applicant any special needs environment for him/her?		e of in order to provide the best learning
Has the applicant been diagnosed w	ith a learning difficulty, ADHD,	medical condition, perceptual difficulty?
Has the applicant required previous	additional academic support? _	
What additional support, if any, is th	ne applicant likely to require if h	ne is to maximise his/her achievement?
Comments on Religion, eg. sacrame	nts, altar server:	
Comments on applicant's academic	performance:	

Any leadership positions, eg. school councillor, faction or team captain?
Comments on applicant's musical or cultural interests:
Comments on applicant's sporting interests:
Representative teams?
Comment on community involvement, clubs and other activities:
Why would you like a place for your child at Emmanuel Catholic College
How well does the applicant understand the commitment required?
Has the applicant a sibling that has attended or is currently attending Emmanuel Catholic College
Continuation, once awarded, is conditional on factors like: attendance, maintains good standing, and payment of school fees. Each scholarship student's progress will be reviewed at the end of each year.
To be eligible for an Aboriginal Scholarship this application must be endorsed by an Aboriginal group (such as a CEAC or ASSPA). A recent school report, parish priest's reference and we recommend a current school referee contact to be included.
We give Emmanuel Catholic College permission to make enquiries with Centrelink, Abstudy Section regarding our eligibility for Abstudy Tuition Fee Assistance.
Signature of Parent or Guardian: