



ASG SCHOLARSHIP PROGRAM – APPLICATION FORM

APPLICANT

First Name: _____ Middle Name: _____

Last Name: _____ Religion: _____

Date of Birth: _____ Country of Birth: _____

Current School Name: _____

Level of Entry: _____ Year Group: _____ Year of Entry: _____

Medical Information (illness, allergies, disabilities etc) _____

Emergency Contact: _____ name _____ Phone No _____

PARENT/GUARDIAN OF APPLICANT

Father's full name: _____ Father's Occupation: _____

Mother's full name: _____ Mother's Occupation: _____

DETAILS FOR CORRESPONDENCE

Address: _____ Suburb: _____

State: _____ Postcode: _____ Country: _____

Phone Number: _____ (h) _____ (mb)

Email: _____

Please answer the questions below:

What are your reasons for applying for this scholarship? _____



Describe your child's attitude to learning at school and at home? (eg, time spent completing school work, does your child read for pleasure, does your child work independently) _____

Comment on your child's overall academic achievement and effort (please attach supporting documentation, such as school reports, naplan results, academic achievements etc) _____

Provide details of any position of responsibility your child may have held in their current school? (Student Representative Council, Peer Support etc) _____

Does your child participate in any co-curricular activities? If so, Provide details. _____

How else does your child contribute to school life? Outline any other information that might be helpful in the selection process. _____



FINANCIAL POSITION STATEMENT

Family Name:		Date:	
Father:		Mother:	
AVERAGE MONTHLY INCOME		AVERAGE MONTHLY EXPENSES	
1. Business Income			
Average Net Per Month	\$	House Repayments	\$
Dividends / Interest	\$	Personal Loan Repayments	\$
Other Business Income	\$	Credit Cards	\$
	\$	Tax (if not already deducted)	\$
2. Salaried Income			
Husband (after tax)	\$	Rent	\$
Employer Name:		Superannuation	\$
Employer Phone No:		Life Assurance	\$
Wife (after tax)	\$	Health Insurance	\$
Employer Name:		Other Insurances	\$
Employer Phone No:		Vehicle Expenses	\$
Other Salaried Income	\$	Rates (Council & Water)	\$
		Fuel, Light, Power, Phone	\$
3. Government Benefits			
	\$	Fares	\$
	\$	Food	\$
	\$	Other Living Expenses	\$
4. All Other Income			
	\$	Fees – Other Schools	\$
	\$	Other Expenses	\$
	\$		
Total Monthly Income	\$	Total Monthly Expenses	\$
House or Land		Assets	
Value of House or Land	\$	Furniture	\$



ALL SAINTS GRAMMAR

A GREEK ORTHODOX SCHOOL FOR BOYS & GIRLS

Mortgage Owning	\$	Electrical Goods (include Computer, phones), Jewellery/Collectibles	\$
Mortgage Company:		Shares or Investments	\$
Car(s)		Cash in Bank Accounts	\$
Value of Motor Vehicles	\$	Other Assets(give details)	\$
Amount Owning	\$		
Total of Other Loans	\$		
Total of Credit Card(s) Debt	\$		
Attach Copy of Last Year's Notice of Tax Assessment:			<input type="checkbox"/> (PLEASE TICK)

Please forward application and supporting documents to:

Director of Enrolments
PO Box 5
Belmore NSW 2192

Or email enrolments@allsaints.nsw.edu.au

Supporting Document Checklist:-

- School Reports
- Naplan Results
- Academic Achievements
- Notice of Tax Assessment

OFFICE USE ONLY:	DATE RECEIVED: _____
<input type="checkbox"/> Application Completed <input type="checkbox"/> Supporting Documents Received	
RESOLUTION: <input type="checkbox"/> Scholarship Approved <input type="checkbox"/> Scholarship Declined	
HEAD OF SCHOOL SIGNATURE: _____	DATE: _____