Kolbe Catholic College

Year 7 to 9 Middle School Academic Scholarship Application Form

Students commencing Year 7, 2019

Please return in an envelope
together with the necessary documentation to:

The Principal
Kolbe Catholic College
PO Box 2185
ROCKINGHAM WA 6967

Closing Date: Tuesday, 6 June 2017
Scholarship Exam Date: Saturday, 24 June 2017

NAME OF STUDENT:

NAME OF CURRENT SCHOOL:

CURRENT YEAR LEVEL:

Please attach to this application form copies of applicant's two most recent Academic School Reports and their full Birth Certificate.

STUDENT DETAILS

Surname:		
Christian names:		
Sex:	Male / Female	**Religion:**
Date of Birth:		
Address:		
Suburb:		
State:		**Postcode:**
Home Telephone:		

PARENT / GUARDIAN DETAILS

FATHER:	Surname:	
	Christian Name:	
	Occupation:	
	Work telephone:	Mobile:
MOTHER	Surname:	
	Christian Name:	
	Occupation:	
	Work telephone:	Mobile:
PREFERRED EMAIL ADDRESS:		

A. The Applicant is invited to write briefly on why he/she would like to be a student at Kolbe Catholic College.

B. Outline your main reasons for seeking a scholarship to Kolbe Catholic College

C. Detail any further supporting information:

Applicants involvement in competitions, e.g. writing, maths, science:

Any leadership positions, e.g. School Councillor, Faction or Team Captain:

Other:

D. Detail any past or potential commitment to co-curricular activities, e.g. Sport, Music, other Cultural activities:

E. As a Parent you are invited to support the Application for your son/daughter's scholarship. *(You may refer to the good qualities your child will bring to the College and the type of education you hope or believe that we can offer your child.)*

PARENT/GUARDIAN SIGNATURE:

STUDENT (APPLICANT) SIGNATURE:

DATE: