

# Al Zahra College Scholarship Application Form

## ABOUT THE SCHOLARSHIP CANDIDATE:

**Surname:** .....

**Given Names:** .....

**Address:** .....

.....

**Date of Birth:** .....

**Religious Denomination:** .....

**School you are currently attending:** .....

**Current Year level:** .....

**Age and current school status of siblings:** .....

.....

.....

**What type of Scholarship are you applying for?** .....

**List your academic achievements and academic competition results for the preceding 24 months**

- .....
- .....
- .....
- .....
- .....

**List your co-curricular and sporting achievements for the preceding 24 months**

- .....
- .....
- .....
- .....
- .....
- .....

# Al Zahra College Scholarship Application Form

Special circumstances or needs

.....  
.....  
.....

Any comments to support application:

.....  
.....  
.....

TO BE COMPLETED BY ALL APPLICANTS

PARENT/GUARDIAN

Surname and Initials: .....

Address for all correspondence: .....

.....

Telephone: Home: ..... Mobile: .....

Email: .....

How did you find out about the scholarship? .....

*I AGREE TO ABIDE BY THE CONDITIONS OF AWARD OF THESE SCHOLARSHIPS*

*Signature:* ..... *Date:* .....

Should your son/daughter not be successful in being awarded a scholarship, do you still

wish to be considered for enrolment at Al Zahra College? .....

Please return this form to:  
The Enrolment Officer  
Al Zahra College  
3-5 Wollongong Road  
Arncliffe. NSW 2205

Office use only:

Application Received: