

*Academic Scholarships are awarded on the basis of the student's results from an independent examination.*

*General Excellence Scholarships are awarded on the basis of the student's results from an independent examination and their online application.*

- *demonstrated academic achievement and potential*
- *excellence in one or more area, other than academic*
- *high level of application to all classroom and extracurricular activities*

*Music Scholarships are awarded on the basis of the student's music audition as well as the results from an independent examination.*

*Please complete the form in full and return to the Admissions Office with all the required attachments.*

*If you have any questions, please contact us on:*

**+61 3 9845 7878**  
**scholarships@tintern.vic.edu.au**

**tintern.vic.edu.au**

## SCHOLARSHIP APPLICATION FORM

### Student Details

PLEASE USE BLOCK LETTERS

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Male  Female

Scholarship Program applying for:  General Excellence  Music  
 Academic  Alumni

Year of entry: (eg. 2020) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Victorian School Number: (if known) \_\_\_\_\_

Religion: \_\_\_\_\_

Current school: (if applicable) \_\_\_\_\_

Current year level: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

Favourite subjects and interests: \_\_\_\_\_

For visa purposes, is your child:

an Australian Citizen  a Permanent Resident

*Please attach a copy of your child's Birth Certificate, Passport and Visa as proof of the above to this application if not an Australian citizen.*

Student resides with:

Both parents  Mother  Father

Other – Please provide details: \_\_\_\_\_

Are both parents Australian Citizens?

Parent 1  Yes  No Parent 2  Yes  No

*If No, please attach a copy of relevant Visa and Passport documentation.*

Is there a Court Order or Parent Plan in relation to this student?  Yes  No

*If Yes, please attach a copy.*



## Medical Needs

Please list any medical needs your child might have: (eg. Asthma, Anaphylaxis, etc):

.....  
.....

## Extra Curricular Activities

Is your child a member of any clubs or organisations?

Yes  No

If Yes, please provide details:

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

What positions of responsibility has your child held at School or at any of the above clubs?

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

Please add any further relevant information that may support your child's application:

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

## Music Applicants Only:

Instrument played:

Years your child has been studying this instrument:

AMEB Standard

Contact Details of Current Music Teacher

*Please attach copies of all AMEB (or equivalent) Grade Certificates.*

## Tintern Connections Current family connections with Tintern (e.g. brother, sister)

Name:

- Current Student  
 Previous Student  
 Future Student

House: (if known)

Name:

- Current Student  
 Previous Student  
 Future Student

House: (if known)

## Why have you chosen to apply at Tintern Grammar?

Please rank from 1 being the most important, to 5 being the least important.

- Family connection  
 Resources and Facilities  
 Location  
 Recommendation of Friend  
 School Model  
 Class Size  
 Academic Excellence  
 Farm  
 Nurturing Environment  
 Focus on Individual Needs  
 Sporting Programs  
 Visual/Performing Arts Programs  
 Music Programs  
 Other:

## How did you hear about Tintern Grammar?

- Attended Information Morning/  
Open Day  
 Prospectus  
 Website  
 Newspaper Advertisement  
 Online  
 Radio  
 Billboard  
 Other:

## Other Family Connections Parents, cousins or other relatives who have attended Tintern

Full Name:	Full Name:
Maiden Name:	Maiden Name:
Relationship:	Relationship:
Final year at Tintern:	Final year at Tintern:

## Parent/Guardian Details

**Parent 1** Dr / Mr / Mrs / Miss / Ms / Rev

**Parent 2** Dr / Mr / Mrs / Miss / Ms / Rev

Surname:	Surname:
Given Names:	Given Names:
Home Address:	Home Address:
Postcode:	Postcode:
Postal Address:	Postal Address:
Postcode:	Postcode:
Home Phone: ( )	Home Phone: ( )
Mobile:	Mobile:
Work Phone: ( )	Work Phone: ( )
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:
Relationship to student:	Relationship to student:

If parents/legal guardians live at separate addresses, please tick where correspondence should be sent:

Parent 1 / Legal Guardian     Parent 2 / Legal Guardian     Both

## Billing Instructions

Name/s of person/s to whom accounts should be addressed:

Relationship to student:

Mailing address for accounts: Postcode:

Residential address for accounts: Postcode:

## Declaration by Parents / Guardians

We request that the above-named student be registered for Scholarship at Tintern Grammar. We have read and understood the detail regarding the Tintern Grammar Scholarship Program and all information that has been provided is accurate and true. I/We acknowledge that this application does not guarantee that a Scholarship will be offered.

We have read and understood the Privacy Policy (available on our website) and, in making this application for enrolment, consent to the collection and disclosure of personal information and sensitive information as provided for by the Privacy Policy.

We will advise the School in writing of any changes to contact details or information in this application.

## Signature of both Parents/Guardians

This application requires the signature of both parents. If both signatures are not appended, the circumstances should be indicated.

Parent/Guardian 1 signature:

Parent/Guardian 2 signature:

Date

Date

### Checklist

Paid the Scholarship Registration Fee of \$100.00.

I/We enclose payment of the application fee of AU\$100 per student.

Direct Deposit     Mastercard     Visa

*Please note all credit card payments will attract a surcharge.*

Card Number

Expiry:

CCV:

Cardholder's Name (as shown on card):

Cardholder's Signature:

### Please submit this form, together with:

- Copy of Birth Certificate
- Copy of school reports for the last two years
- Copy of the two most recent NAPLAN reports
- Supporting Documentation
- Copy of AMEB (or equivalent) Certificates
- Copy of other certificates, eg ICAS
- Immunisation Status Certificate (Available from Medicare)

*Please note that from January 2016 under the 'No Jab, No Play' legislation, no student will be able to be enrolled into the Early Learning Centre without being fully vaccinated or is on a recognised catch-up schedule, or has a medical reason not to be vaccinated. Students enrolling into the Primary and Secondary school who are not vaccinated will be required to complete a Conscientious Objector Form.*

### Please email this and the relevant documentation to:

[scholarships@tintern.vic.edu.au](mailto:scholarships@tintern.vic.edu.au)

**OR** Post to:

The Admissions Office  
Tintern Grammar  
PO Box 26  
Ringwood East VIC 3135  
Australia

### Direct Deposit Payments

#### Bank

Westpac Banking Corporation

#### Bank Address

Main Street, Croydon  
Victoria 3136 Australia

#### School Account

Tintern Grammar  
BSB No 033 044  
Account No 121 876  
Swift number WPACAU2S (for international payments)

### Office Use Only

Student name

Student code

Family code

Year level

Year of entry

Date of application