St Philip's Christian College - *Port Stephens*

Academic Scholarship

APPLICATION FORM - 2026

APPLICANT DETAILS

STUDENT'S SURNAME		GIVEN NAME	
DATE OF BIRTH		GRADE IN 2026	
CURRENT SCHOOL		GENDER	
I WISH TO ALSO BE CONSIDERED FOR THE GENERAL EXCELLENCE SCHOLARSHIP			

PARENT/GUARDIAN DETAILS

FATHER/GUARDIAN	TITLE		NAME	
MOTHER/GUARDIAN	TITLE		NAME	
ADDRESS				
SUBURB			POSTCODE	
TELEPHONE	НОМЕ		MOBILE	
EMAIL				

DETAILS OF ACADEMIC ABILITY

ase state why you would like to be considered for an Academic Scholarship and explain why you was a worthy recipient.	would

In support of my application, my achievements as a student can be described briefly as follows:							
Provide a brief summary of some of your key interests:							
Identify four words that describe you.							
DECLADATION			'				
DECLARATION							
		•		·	_	e, Port Stephens. I decla	
the information provid of a Scholarship.	ed is true	eand correct. I underst	tand that a	acceptance of this applic	cation fo	rm does not constitute a	an offer
SIGNATURE OF PARENT/GUARDIAN				DATE			

APPLICATIONS MUST BE SUBMITTED TO THE CURRICULUM OFFICE BY 2 FEBRUARY 2025.

NOTE: This application does not guarantee an interview. The criteria in the guidelines must be met. You will be contacted if you are successful or unsuccessful in gaining an interview.

DOCUMENTATION TO BE ATTACHED TO THIS APPLICATION

Copy of your latest School Report and Naplan Test Results.

Any other information relevant to this application.

If you are not a current SPCC student, a written statement explaining why you would like to attend SPCC and what it would mean to you.



PLEASE RETURN THIS APPLICATION FORM TO:

Mrs Sarah-Jane Day Curriculum Administration St Philip's Christian College, Port Stephens 182 Salamander Way or PO Box 342, Salamander Bay NSW 2317 Ph: 02 4919 5400 Fx: 02 4919 5499 ps.curriculumoffice@spcc.nsw.edu.au www.spccportstephens.nsw.edu.au