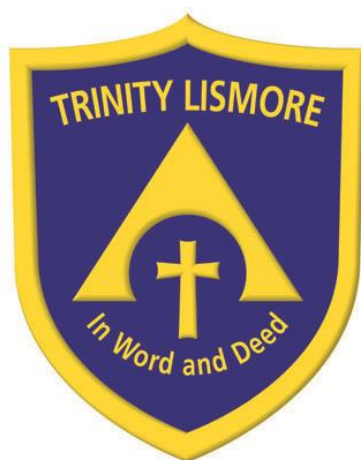


TRINITY CATHOLIC COLLEGE LISMORE
ACADEMIC SCHOLARSHIP APPLICATION FORM

**STUDENTS APPLYING FOR
YEARS 8 – 12 IN 2017**



MAXIMUM SCHOLARSHIP AVAILABLE
IS UP TO 50% OF TUITION FEES ONLY

A MAXIMUM OF **THREE** SCHOLARSHIPS WILL BE
AWARDED ANNUALLY IN ANY ONE YEAR LEVEL

STUDENTS **MUST** BE IN THE TOP 10% OF STUDENTS IN THE
YEAR LEVEL AT THE END OF 2016 TO BE ELIGIBLE FOR
CONSIDERATION. THIS DOES NOT IN ITSELF GUARANTEE THE
AWARDING OF A SCHOLARSHIP

**THE COMPLETED APPLICATION IS TO BE RETURNED TO
THE PRINCIPAL'S OFFICE BY MONDAY 13 FEBRUARY 2017**

OFFICE USE ONLY BELOW THIS POINT

BEHAVIOUR AND PERFORMANCE IN MEETING COLLEGE EXPECTATIONS

The information to evaluate the student in this area will come from:

- School reports
- Attendance record
- Conduct and cooperation
- Academic performance letters

A failure to achieve a satisfactory evaluation in this area will preclude the student from being awarded an academic scholarship

RANKING IN YEAR LEVEL (office use only)

- Does this student fall in the top 10% of their year level? **YES / NO**

A student who is not in the top 10% of their year level will not be considered for a scholarship.

ATTENDANCE AT THE FOLLOWING COLLEGE FUNCTIONS & EVENTS IN THE PREVIOUS 12 MONTHS

Event / Activity	Y/N	Event / Activity	Y/N
Commencement Mass	<input type="checkbox"/>	Champagnat Assembly & Liturgy	<input type="checkbox"/>
Foundation Day Mass	<input type="checkbox"/>	Nagle Assembly & Liturgy	<input type="checkbox"/>
Graduation Mass	<input type="checkbox"/>	Year Level retreat, camp or reflection day	<input type="checkbox"/>
Anzac Day Liturgy and Assembly	<input type="checkbox"/>		
College Participation Swimming Carnival	<input type="checkbox"/>	College Athletics Carnival	<input type="checkbox"/>

A failure to achieve a satisfactory evaluation in this area will preclude the student from being awarded an academic scholarship.

CONFIDENTIAL TEACHER REFERENCE FOR A STUDENT ACADEMIC SCHOLARSHIP APPLICATION

Do not return this to the student – hand it to the Principal’s Personal Assistant

NAME OF STAFF MEMBER: _____

NAME OF STUDENT: _____

Context in which you know the student: (class teacher / sporting coach etc.)

STUDENT ATTRIBUTES

Please rate the student in comparison with others you have known in the same year level for each of the following categories (please tick)

	Exceptional	Outstanding	V / Good	Good
• Motivation and perseverance towards goals				
• Ability to work and learn independently				
• Capacity to prioritise and complete tasks on time				
• Involvement in school / Community affairs				

Please provide any further comments that would assist the selection panel in its deliberations:

(Note that by providing no comment, we will assume that you are unable to support this application)

SIGNATURE: _____

DATE: _____

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