



St Paul's College

ABN 62 627 137 606

9 City Road Camperdown NSW 2050
Telephone: 61 2 9550 7444 Facsimile: 61 2 9519 7246
Email: stpauls@usyd.edu.au

SCHOLARSHIP APPLICATION FORM FOR MEN CURRENTLY IN COLLEGE

Surname of Applicant.....
Given Names.....
Address.....
.....Postcode.....
Tel.....Mobile.....Fax.....
Email.....Date of birth.....
University course and year.....

ALTERNATE CONTACT DATES IN DECEMBER/JANUARY

As Scholarship applications will be considered in late December/early January, please provide vacation contact details if they are different from those given above.

Email..... Mobile.....
Tel..... Dates.....

The College awards a significant number of scholarships each year, ranging from \$1,000 to a much higher amount which covers College residential fees for three years. Please use this form for any scholarship application – you will be considered for all scholarships for which you are eligible.

Most scholarships are awarded for 12 months (in the first instance) and are renewable for a further two years. Tenure is reviewed annually.

Please do not include any additional material other than academic results, unless you are completing Part B.

Some of the scholarships are means-related. If you wish to be considered for any means-related award, please complete both Part A and Part B.

Applications for 2010 scholarships should be received by Friday 27 November 2009.



PART A: *To be completed by all Scholarship applicants*

Please supply details, including level of involvement, in College and University:

Convenorships held:

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Scholarships/prizes currently or previously held:

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Other scholarships applied for or intend to apply for (specify value):

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Leadership positions held:

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Cultural activities and achievements:

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Sporting activities and achievements:

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Other interests and/or community involvement:

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PERSONAL STATEMENT

Please write here in support of your application.

I declare that the information provided above is correct to the best of my knowledge.

Signed:

Date:

Please return this form by 27 November 2009 to:

The Registrar
St Paul's College
9 City Road
CAMPERDOWN NSW 2050

PARENT / GUARDIAN DETAILS:

Parent/Guardian 1

Full Name and Title

AddressPostcode

Ph (Day) Ph (Evening) Mobile.

FaxEmail.....

Occupation and Company Name

Parent/Guardian 2

Full Name and Title

AddressPostcode

Ph (Day) Ph (Evening) Mobile.

FaxEmail.....

Occupation and Company Name

What are the circumstances which support your claim of financial need?

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PLEASE ENCLOSE RELEVANT FINANCIAL DOCUMENTS.

I declare that the information provided on this sheet is correct, to the best of my knowledge.

SignedDate