

Form

ACADEMIC EXCELLENCE SCHOLARSHIP **APPLICATION FORM 2025/26**

Name:	Date of Birth:		
Address:			
		——— Post Code: ———	
Present School:		Cu	urrent Year Level:
Father's Name:			
Email:			
Telephone No.: (H)	(W)	(M)	
Mother's Name:			
Email:			
Telephone No.: (H)	(W)	(M)	
Please attach a photocopy of yo	ur most recent School Ren	ort.	
	·		
Parent's Signature(s):		Date:	
		Date:	
Student's Signature:		Date:	
Scholarship application sho	ould be forwarded with an	Enrolment Form (unless	previously supplied) to:
	Academic Excellence Scho Aranmore Catho PO Box 2 Leederville V	olic College 223	
or email: sonya.cerny@cewa.edu.au			
	demic Excellence Scholarship		
The first round of testing for	the Academic Excellence Schol Thursday 22 May 20		nore Catholic College on
СНЕСКІ	.IST: have you completed	l & included the follow	ving?
Scholarship Application Form	Recent Scho	•	nrolment Information Form nless previously supplied)