



Alphington
GRAMMAR SCHOOL

Scholarship Application: Academic Excellence in Greek

Applications close on Friday 25 February 2022, at 4:00 pm.

Scholarships may be awarded to students who display exceptional talent in, and commitment to, the Greek language. This will be determined by a written application, a written and oral examination, and an interview. Oral presentation times will be scheduled after the examination date and will be communicated directly with all applicants.

Students entering Years 5, 7 and 10 in 2023 are eligible to apply for this scholarship. It is an expectation that scholarship recipients will continue their Greek studies to Year 12.

Scholarships awarded range as a percentage of School tuition costs for varying periods of time commencing in the year of entry. The amount will be determined on a case by case basis for each individual applicant. Please note: All consumables and other compulsory charges are payable at the relevant cost.

All applicants must register for the Greek examination paper by submitting this formal application to the Principal, Dr Vivianne Nikou, by the above date to be considered for the award. The written exam will take place on **Saturday the 5th of March, 2022.**

No correspondence pertaining to any individual's application or the award will be entered into once The School has made its decision.

Alphington Grammar School reserves the right to withhold a scholarship if no suitable candidate fulfils the criteria as deemed appropriate by the Selection Committee.

Successful applicants will be short-listed for a personal interview with the Principal and the Head of Greek. Short-listed applicants should come prepared to talk about their skills and attributes, their interests, and their suitability for selection.

Please email your completed application to the Registrar: registrar@ags.vic.edu.au



Applicant's Details

Given Names: _____ Surname: _____

Address: _____

Date of Birth: _____ Gender: Male Female Other

Residency Status: Australian Citizen Permanent Resident

Current School: _____ Current Year Level: _____

Year of Entry Sought: _____

Siblings currently or previously at AGS: Yes No

Name/s: _____

Parent / Guardian's Details

Parent / Guardian 1

Title (Mr/Mrs/Ms/Dr): _____

Given Names: _____ Surname: _____

Relationship to applicant: _____

Address: _____

Telephone: (H) _____ (W): _____ (M): _____

Email: _____

Parent / Guardian Signature: _____

Parent / Guardian 2

Title (Mr/Mrs/Ms/Dr): _____

Given Names: _____ Surname: _____

Relationship to applicant: _____

Address: _____

Telephone: (H) _____ (W): _____ (M): _____

Email: _____

Parent / Guardian Signature: _____

Date of Application: _____



Applicants Academic Record

All applicants should attach their most recent school report, Greek School report, and any other visual aids that assist their application. Should you require additional space to respond, please attach additional pages to this application form.

Do you attend any After Hours Greek School? YES NO

If yes, please specify.

When and where did you commence your Greek studies?

What is important to you about the Greek Language?

Do you play a musical instrument? YES NO

If yes, please provide details.

Do you participate in a Greek Band? YES NO

If yes, please provide details.



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Should Alphington Grammar School require more information, please provide contact details for two referees.

Referee 1

Name: -----

Relationship: -----

Contact Number: -----

Email: -----

Referee 2

Name: -----

Relationship: -----

Contact Number: -----

Email: -----

Declaration

To the best of my belief, the information provided in this application is accurate and true.

Name of applicant -----

Signature of applicant -----

Signature Parent/Guardian 1 -----

Signature Parent/Guardian 2 -----

Date:-----



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Payment

An administrative fee of \$60.00 is payable at the time of application. This application will not be accepted as complete without proof of payment.

Payment Type: CASH CHEQUE

CREDIT PAYMENT

Card Number: _____ EXP Date /

Amount \$: _____ Master Card Visa AMEX

Card Holder's Name: _____

Signature: _____ Date: / /

Please note: a 1.5% surcharge applies to all AMEX payments, 1% for Visa and Master Card