

Scholarship Application Form: **Academic Excellence in Greek**

Applications close on Friday 24 February 2023, at 4PM

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.

Current and new students entering Year 5 to Year 10 in 2024 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. The written exam will take place on **Saturday 4 March 2023**. 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.

In order to be considered for the scholarship, applicants must submit to The School:

- The completed application form
- The applicant's two most recent school reports/Greek School report
- The applicant's most recent NAPLAN results
- Payment of the \$60 application fee

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 with all additional documentation to our Registrar at:
scholarships@ags.vic.edu.au**

Applicant 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: _____

Do you have siblings who are currently or were previously at AGS?: Yes No

If yes, what is their name/s: _____

Parent/Guardian Details

Parent/Guardian 1

Title: _____ Given Names: _____ Surname: _____

Relationship to applicant: _____

Address: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Email: _____ Parent/Guardian Signature: _____

Parent/Guardian 2

Title: _____ Given Names: _____ Surname: _____

Relationship to applicant: _____

Address: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Email: _____ Parent/Guardian Signature: _____

Date of Application: _____

Academic Record

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

Do you attend an 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.

References

Please provide contact details for two referees should Alphington Grammar School require more information. Please note that referees may not be direct family members.

Referee 1

Given Names: _____ Surname: _____

Relationship to applicant: _____

Contact Number: _____ Email: _____

Referee 2

Given Names: _____ Surname: _____

Relationship to applicant: _____

Contact Number: _____ Email: _____

Declaration

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

Applicant name: _____

Applicant signature: _____

Parent/Guardian 1 signature: _____

Parent/Guardian 2 signature: _____

Date: _____

Payment

An application 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 Credit

Credit Payment

Card number: _____ EXP Date: /

Amount \$: _____ Master Card Visa AMEX

Card holder name: _____

Signature: _____ Date: / /

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