

## Scholarship Application Form: ACADEMIC EXCELLENCE IN GREEK

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**Applications close at 4PM on Friday 8 March 2024**

Thank you for your interest in Alphington Grammar School.

As a vibrant school focused on personalised approaches to learning, our students enjoy challenging themselves and achieving excellence. Scholarships may be awarded to students who demonstrate exceptional talent in and commitment to the Greek Language and culture.

### Eligibility Criteria

Candidates applying for the 2025 Academic Excellence in Greek Scholarship must enter Year 5, 6, 7, 8, 9 or 10 in 2025. It is an expectation that scholarship recipients continue their studies in the Greek to Year 12.

### How to Apply

To apply for an Academic Excellence in Greek Scholarship, candidates must:

1. E-mail the required documents below to [scholarships@ags.vic.edu.au](mailto:scholarships@ags.vic.edu.au) using the e-mail subject:

*CONFIDENTIAL: 2025 Academic Excellence in Greek Scholarship Application*

**by 4:00pm on Friday 8 March 2024.**

Required documents:

- Completed application form
  - 2023 Semester 1 Report (Terms 1 & 2)
  - 2023 Semester 2 Report (Terms 3 & 4)
  - Most recent NAPLAN results
  - Any other relevant supporting documentation (including Greek School report)
  - Proof of payment of a non-refundable \$60 scholarship application fee. Payment to be made by Humanitix.
2. Sit the written exam on **Saturday, 16 March 2024**. Further details on this exam will follow.

### The Evaluation Process

Successful candidates will be short-listed and invited for a personal interview with the Principal and The Head of Greek. The invitation for an interview is based on a candidate's written application, a written and oral examination and an interview.

Short-listed candidates should come prepared to talk about their skills and attributes, their interests and their suitability for selection.

*The Academic Excellence in Greek Scholarship is awarded at the sole discretion of the Principal. 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.*

## 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, 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:** \_\_\_\_\_

## Candidate Response

Candidates are to complete the following portions of the form in their best handwriting. Should the candidate require more space to respond, please attach additional pages to this application form.

### Academic Record

**Do you attend an after-hours Greek School? Yes  No**

*If yes, please specify.*

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**When and where did you commence your Greek studies?**

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**What is important to you about the Greek Language?**

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**Do you play a musical instrument? Yes  No**

*If yes, please provide details.*

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**Do you participate in a Greek Band? Yes  No**

*If yes, please provide details.*

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**Do you participate in a Greek Dancing Group? Yes  No**

*If yes, please provide details.*

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## References

Please provide contact details for two referees should The School require more information. Please note that referees must 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

A non-refundable application fee of \$60.00 is payable per scholarship. This application will not be accepted as complete without proof of payment. The application fee is payable online via the Humanitix link below:

<https://events.humanitix.com/2025-scholarship-application-fee>

Humanitix order number: \_\_\_\_\_