



SCHOLARSHIP IN STEM

STUDENT DETAILS

First Name:	
Surname:	
Year when beginning Year 7:	DOB:
Primary School:	Gender: Male Female X
Residential Address:	
Suburb:	Postcode:
Mobile Number:	
Email:	

PARENT DETAILS

First Name:	
Surname:	
Residential Address (if different to above):	
Suburb:	Postcode:
Mobile Number:	Home:
Email:	

PLEASE PROVIDE A BRIEF OUTLINE OF YOUR INTEREST IN STEM INCLUDING ANY STEM GOALS:

PLEASE ATTACH A COPY OF: Your most recent Report Year 5 NAPLAN Results

PLEASE PROVIDE A STATEMENT OF SUPPORT FROM YOUR TEACHER/PRINCIPAL:

Teacher/Principal Signature:	Date: