

Application Form



MUSIC SCHOLARSHIPS

1/2 pages

Please tick the Music scholarship you wish to apply for:

- The Marjorie Milliken Music Scholarship
- The Bob Balsillie Memorial Scholarship
- The Lindsay Statham Memorial Scholarship

Name of student: _____

(Full given name followed by Surname in CAPITAL letters)

**I understand that my application is contingent upon my availability for an audition on Friday 4 March or Saturday 5 March 2016. The date and time will be advised as applicants progress to audition stage.*

Signature of applicant: _____

Details of Specialisation

Instrument: _____ Years of tuition to date: _____

Teacher: _____

Voice: _____ Years of tuition to date: _____

Teacher: _____

****Please attach a letter of recommendation from your instrumental/vocal teacher with this application***

List of prizes or bursaries and results of recent AMEB examinations (or equivalent). Please attach copies as evidence.

Please list any membership of ensembles or public performances to date.

You are invited to list and include evidence of a) financial need, or b) geographical isolation that may require consideration

(which will be held and treated in confidence). _____

Application Form

Fairholme College



TOOWOOMBA

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Year 7, and 10 MUSIC SCHOLARSHIP APPLICANTS MUST ALSO SIT THE SCHOLARSHIP EXAM. Please register for the Scholarship Examination on-line at www.fairholme.qld.edu.au

Please tick if you have already registered online and paid the registration fee of \$105 for the Scholarship Examination.

***ALL music scholarship applicants who sit this exam will be also be considered for Academic and General scholarships.**

Family Name(s): _____

Christian Names: _____
Mother _____ Father _____

Titles: _____
(Mr/ Mrs / Ms / Dr / Rev).

Address: _____

Contact:

Home phone: _____

Mobile: _____

Email: _____

Student's date of birth: _____

Student's current school: _____

Student's year level next year: _____

****Please attach a copy of the most recent school report.***

Parent(s) / Guardian(s) Signature: _____

Date: _____

This form should be returned to:

Mrs Emily Veal
Enrolments Officer
Fairholme College
PO Box 688 Toowoomba Q 4350

T 07 4688 4635
E emily.veal@fairholme.qld.edu.au

*For details regarding
Privacy and Collection of Information policies, please visit
<http://www.fairholme.qld.edu.au/policies>*