



Academic Scholarship Application Form

STUDENTS ARE REQUIRED TO COMPLETE THE FOLLOWING IN THEIR OWN HANDWRITING.

Student Details:

Student Full Name: _____ Student Date of Birth: _____

Current School: _____ Year Level in 2025: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Tell us about yourself:

What is your favourite subject and why?

Why is an Academic Scholarship at Fahan School important to you?

How would you contribute to the Fahan School Community and embody its values as an Academic Scholarship recipient?



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PARENTS ARE REQUIRED TO COMPLETE THE FOLLOWING.

All contact details and signatures of both parents must be provided. Both parents will receive communication regarding the Scholarship.

PARENT / GUARDIAN 1:

Full Name: _____ Relationship to Student: _____

Email: _____ Mobile: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Signature: _____

PARENT / GUARDIAN 2:

Full Name: _____ Relationship to Student: _____

Email: _____ Mobile: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Signature: _____

Please return this form, together with the student's two most recent school reports and NAPLAN results, to the Scholarship Evaluation Team, via email at scholarships@fahan.tas.edu.au or post to:

Fahan School
Scholarship Evaluation Team
PO Box 2090
Lower Sandy Bay TAS 7005

ALL DOCUMENTATION MUST BE RECEIVED BY FRIDAY 15 MARCH 2024.