**RITERIA** The following criteria will be used to determine if an applicant will be awarded a scholarship

|  |  |
| --- | --- |
| **1** | Financial need. **Evidence**: letter from parents that outlines the financial need and includes information about the occupation of parents and the number of siblings. |
| **2** | Academic performance that is of at least average to high competence. Passing grades in English will be essential. **Evidence**: two most recent school reports. |
| **3** | Contribution to the school or wider community. **Evidence:** Certificates (if appropriate) Letter of commendation from a teacher or school principal or community member. |

**5 ESSENTIAL Pieces of Documentation (Certified)**

|  |  |
| --- | --- |
| **1** | Copy of passport |
| **2** | Reference letter from the school Principal or a teacher that outlines why the student would be suitable candidate for a scholarship |
| **3** | Letter from parents that outlines the financial need |
| **4** | Copies of the last two school reports |
| **5** | Certificates awarded for success in any area at school or in the community |

**Study Selection** (please tick (√) the program and semester including the Year you intend to study)

|  |
| --- |
| **English for Academic Purposes – Elementary to Advanced** |
| EAP Primary |  | Number of weeks: |  | Preferred started date: |  |
| EAP Secondary |  | Number of weeks: |  | Preferred started date: |  |
| EAP High School SACE Preparation Program |  | Semester 1 |  | Semester 2 |  | Year |  |
| **South Australian Certificate of Education (SACE)** |
| Stage 1 (Year 11) |  | Semester 1 |  | Semester 2 |  | Year |  |
| Stage 2 (Year 12) |  | Semester 1 |  | Semester 2 |  | Year |  |

**Students Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Given Name |  |
| Date of Birth |  | Current Age |  | Gender  | Male |  | Female |  |
| Nationality  |  | Passport Number |  |

|  |  |
| --- | --- |
| Address in Home Country |  |
| Country |  | Postcode/ZIP |  |
| Telephone Number |  | Mobile Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| Address in Australia |  |
| Mobile Number |  | Email address |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a disability or medical condition that requires special consideration?  | Yes |  | No |  |
| If Yes, please explain |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Father Family Name |  | Father Given Name |  |
| Fathers Address |  |
| Country |  | Postcode/ZIP |  |
| Telephone Number |  | Mobile Number |  |
| Email Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mother Family Name |  | Mother Given Name |  |
| Mothers Address |  |
| Country |  | Postcode/ZIP |  |
| Telephone Number |  | Mobile Number |  |
| Email Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Guardian Family Name |  | Guardian Given Name |  |
| Guardians Address |  |
| Country |  | Postcode/ZIP |  |
| Telephone Number |  | Mobile Number |  |
| Email Address |  |

**Emergency Person Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Given Name |  |
| Address |  |
| What is your relationship with this person? |  |
| Country |  | Postcode/ZIP |  |
| Telephone Number |  | Mobile Number |  |
| Email Address |  |

**Agent Contact Details**

|  |  |
| --- | --- |
| Name of Agency |  |
| Agents Name |  |
| Address |  |
| Country |  | Postcode/ZIP |  |
| Telephone Number |  | Mobile Number |  |
| Email Address |  |

 **Education Qualification**

|  |  |
| --- | --- |
| Name of Current or Previous School |  |
| What Country is this school located? |  |
| Highest level of schooling completed? |  |
| What awards have you received? |  |
| Are certified copies of your academic record attached to this application? |  Yes 🞏 No 🞏 |

**Agent Contact Details**

|  |  |
| --- | --- |
| Name of Agency |  |
| Agents Name |  |
| Address |  |
| Country |  | Postcode/ZIP |  |
| Telephone Number |  | Mobile Number |  |
| Email Address |  |

**Please provide the following**

1. **A statement of 300 words outlining why he/she would like to receive the scholarship and anticipated future study or career.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Outline your interests, hobbies and activities outside of the classroom and in the community.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Applicants may have to undertake an interview with the Principal or a delegated AIS staff member.**

**The scholarship will be offered for the duration of the course but will be reviewed annually to ensure students expectations have been met.**

**Authorisation: I** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Name)

* Authorise *Adelaide International School* to collect, store and use my personal information within the limitations of the Privacy Principle contained in the Privacy Act 1998.
* Authorise *Adelaide International School* to make relevant enquiries, where necessary, and in accordance with legislation, regarding my application for the purpose of undertaking study.
* Understand that my information will only be released to third parties in accordance with legislation.
* Agree for my academic performance and conduct be made available to my parents and agent
* Understand that I may at any time revoke my authorisation for *Adelaide International School* to release my information to third parties by notifying *Adelaide International School* and that implementation cannot be retrospective.
* Have read and understand the content of the Student Handbook including my responsibilities.
* Agree to abide by the terms and conditions as set out in the Student Handbook.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student Signature |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Parent / Guardian Signature |  | Date |

|  |
| --- |
| Office Use Only (this section is only to be completed by AIS) |
| Student ID: |  |
| Student Provided all Documentation: | Yes 🞏 No 🞏 |
| Student Documentation was Approved: | Yes 🞏 No 🞏 |
| Student was Offered Enrolment: | Yes 🞏 No 🞏 |
| Student Accepted Offer of Enrolment: | Yes 🞏 No 🞏 |
| Invoice Fees Direct to Student | Yes 🞏 No 🞏 |
| Invoice Fees Direct to the Referring School | Yes 🞏 No 🞏 |
| Other (please nominate) |  |
| Commencement Date: |  |