



St Mark's Old Scholars' Association Inc.
PO Box 231
HILLARYS WA 6923

Scholarship Application Form

Applicant Information

Full Name: _____
First Middle Surname Preferred Name

Address: _____
Street Address

Suburb State Postcode

Phone: _____ Email: _____

Date of Birth: _____ Country of Birth: _____ Nationality: _____

Is one or more of your parents a member of the St Mark's Old Scholars' Association: YES NO
If yes, please provide membership number/s: _____

Australian Residency Status? CITIZEN PERMANENT RESIDENT

Current School: _____ Current Year level _____

Checklist

- Completed application form (must be completed by applicant personally)
- Copies of the two most recent semesters' school reports
- Application to the OSA addressing how you embody the qualities we seek in a successful applicant
- At least one written character reference
- Other supporting evidence of meeting Scholarship criteria
- Please list two professional references
- Payment of application fee or parents OSA membership details

Signature

Signature: _____ Date: _____

To the best of my knowledge the information contained within this Application Form and accompanying documents is complete and correct.