

# Edmund Rice Bursary

## STUDENT INFORMATION

Student Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Second Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Year: \_\_\_\_\_

## FAITH COMMITMENT

Religious Denomination: \_\_\_\_\_ Parish: \_\_\_\_\_

## MALE PARENT OR GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Business \_\_\_\_\_ Mobile \_\_\_\_\_

Is Father Trinity Old Boy? Yes / No

## FEMALE PARENT OR GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Business \_\_\_\_\_ Mobile \_\_\_\_\_

Number of children in the family: \_\_\_\_\_

**MAILING TITLE & ADDRESS:**

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**Please provide some insight into your current family situation, such as any extenuating circumstances, that would help us assess your application:**

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Signature of Parent or Guardian: \_\_\_\_\_

MALE PARENT/GUARDIAN

Date: \_\_\_\_\_

\_\_\_\_\_  
FEMALE PARENT/GUARDIAN

Date: \_\_\_\_\_

**SUPPORTING DOCUMENTATION:**

Copy of the student's two most recent academic reports

Copy of the student's most recent NAPLAN results

Please return this form to:

THE REGISTRAR  
Trinity College  
2 Trinity Avenue  
East Perth, WA 6004

Or email: [registrar@trinity.wa.edu.au](mailto:registrar@trinity.wa.edu.au)