



DOMINICAN SCHOLARSHIP APPLICATION FORM

GENERAL APPLICANT INFORMATION	
Student Name:	
Date of Birth:	Gender:
Current School:	Current Year Level:
What year student will be entering Year 7:	Campus:
A student must have a bilateral moderate, severe or profound hearing loss to be considered for a	
scholarship	

Application Process:

- 1. Student must have received a letter of offer for a place in year 7 at one of our campuses.
- 2. This application must be completed fully and emailed to admin@smdeaf.vic.edu.au anytime but no later than 31st January of the year commencing Year 7.

3. All supporting documents should accompany this application.	
DOMINICAN SCHOLARSHIP	
Please provide a summary of your child's involvement and achievement in their current school community e.g social justice involvement, sport involvement, performing or creative arts, leadership roles, involvement in clubs, volunteering/official helper.	

As a parent, please provide some examples of how you think your child will contribute to the St		
Mary's College community.		
	I (please attach evidence to support your application as	
applicable)		
☐ School report with supporting comments		
☐ School awards & certificates		
☐ Participation acknowledgemen	nts	
☐ Other supporting documents		
PARENT ACKNOWLEDGEMENT		
I have read St Mary's College sch	olarship information and understand that:	
My child meets the eligibility criteria for hearing loss		
I must provide information to support my application		
Applying does not automatically confer a scholarship		
1	will be final and at the sole discretion of the Principal of St Mary's	
College.		
FAMILY INFORMATION		
Parent/Guardian Name:		
Relationship to Applicant:		
Address:		
Telephone:		
Parent/Guardian Signature:		
i arciir Guardian Signature.		
Date:		