EQUESTRIAN ARE

VICTORY OUF

Rural Assistance Scholarship Application Form





Rural Assistance Scholarship Application Form

| Eligible students | Existing Victory College students as well as new students. |
|---------------------|--|
| Tenure | 1 year |
| Amount | To be determined by Senior Heads of College upon successful completion |
| Method of selection | Application form Personal statement (not more than one A4 page) demonstrating the family's committment to rural practices, passion for the agricultural industry Provide evidence on how an education at Victory College would assist the family due to the more remote location of their property |
| Selection criteria | Meeting of general scholarship conditions (outlined above) Evidence of student's high academic achievement and potential A zero balance of fees at the end of the school year prior to any successful application (or renewal of Scholarship). |

In order to apply for a scholarship at Victory College, please adhere to the following guidelines:

| | Submit the scholarship application form and supporting paperwork to Victory College by 30th September each year. |
|--|---|
| | Submit any other supporting documentation such as involvment in industry clubs, organisations and/or competitions (eg. Hoof & Hook Competition, Show Society etc. |

Upon receipt of the scholarship application, the College will review the information and will contact parents in writing as to the success of the application.



2

RURAL ASSISTANCE SCHOLARSHIP APPLICATION

W hat year level will your child enter next year:

| STUDENT DETAILS | | | | | |
|--------------------------------|---------------------|-----------|--|--|--|
| Surname: | First Name: | | | | |
| Preferred Name: | Middle Name: | | | | |
| Date of Birth: | Citizenship: | | | | |
| PARENT DETAILS | | | | | |
| Parents Surname: | Parents First Name: | | | | |
| Address: | | | | | |
| | State: | Postcode: | | | |
| Email address: | Mobile: | | | | |
| Telephone Home: | Telephone Work: | | | | |
| SIGNATURE | | | | | |
| | | | | | |
| (Signature Parent or Guardian) | (Date) | | | | |



3