

Ashburton College

ASHBURTON, NEW ZEALAND



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SCHOLARSHIP APPLICATION FORM

TO BE RETURNED TO MRS CROUCHLEY, COLLEGE OFFICE, BY 3.30pm, OCTOBER 31

Scholarship Applied For _____

Name of Applicant _____

Address: _____

Phone (including cellphone): _____

Email address: _____

Purposes for which Scholarship would be used:

Tertiary Institution intended entry: _____

Qualification aimed at:

Years required to complete course: _____

Academic Record:

YEAR	SUBJECTS STUDIED – MAIN FIELDS					
13						
12						
11						

Signed: _____ **(Applicant)**