THE ALISON STEPHEN SCHOLARSHIP
APPLICATION FORM A
SECTION A  FAMILY INFORMATION

1. Student’s Surname ____________________________________________
   Given Names: ________________________________________________
   Date of Birth: _______________________________________________
   Level of Entry Year________________________________________
   Year of Entry: 20__________________________________________

This application needs to be accompanied by an Application for Admission Form and the application fee.

2. Address: ___________________________________________________
   ___________________________________________________________
   Postcode: __________

3. Are there currently sisters at Kincoppal-Rose Bay School?  Yes / No (please circle)
   If Yes            Current    Name:___________________________
   Year: __________________________
   Name:___________________________
   Year: __________________________

4. Do you have any family members who previously attended Kincoppal-Rose Bay School?
   If Yes Name:___________________________
   Relationship:________________________
   School attended (Kincoppal-Rose Bay Kincoppal or Rose Bay Convent)
   __________________________
   Year: ____________________________
   Name: ____________________________
   Relationship:________________________
   School attended (Kincoppal-Rose Bay Kincoppal or Rose Bay Convent)
   __________________________
   Year: ____________________________
   Name: ____________________________
   Relationship:________________________
   School attended (Kincoppal-Rose Bay Kincoppal or Rose Bay Convent)
   __________________________
   Year: ____________________________
5. **Number of siblings:**

   Sisters: ________  Brothers: ________

   Include date of birth of each:

   ______________________________________
   ______________________________________
   ______________________________________

6. **Father's/Guardian's circumstances:** (If deceased please state)

   **Full Name:** ____________________________________________________________

   **Occupation:** __________________________________________________________

   **Marital status:** _________________________________________________________

   **Address:** ______________________________________________________________

   ___________________________________________  Postcode_______________________

   **Telephone No: Home ( )__________ Business ( )___________________________

   **Mobile** _____________________________________________________________

   **Number & nature of dependants** _________________________________________

7. **Mother's/Guardian/s circumstances:** (If deceased please state)

   **Full Name:** ____________________________________________________________

   **Occupation:** __________________________________________________________

   **Marital status:** _________________________________________________________

   **Address:** ______________________________________________________________

   ___________________________________________  Postcode_______________________

   **Telephone No: Home ( )__________ Business ( )___________________________

   **Mobile** _____________________________________________________________

   **Number & nature of dependants** _________________________________________
8. Nature of Difficult Financial Circumstances:
In order to make an assessment of the application please attach a separate sheet providing
details of your circumstances, and the need for financial assistance through the offer of this Scholarship

1. To be confirmed in writing by an independent party (e.g. accountant, solicitor or
financial person).

2. In the case of death of one or both parents, details of the estate are to be provided.

3. In the case of incapacity of one or both parents, medical advice on the prognosis of
recovery to be provided.

4. Shortlisted-candidates will be asked to complete Form B and provide detailed
information of their family’s current financial situation. This includes latest income
tax assessments.

9. Why do you wish your daughter to be educated at Kincoppal-Rose Bay School?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

10. Please state how the Scholarship would benefit your daughter. (Please attach a separate sheet of
not more than 200 words, if necessary)
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

11. Kincoppal-Rose Bay School seeks to enrol students from families whose values and goals are
congruent with those of the School. Please explain how your own family’s values are congruent with
those of Kincoppal-Rose Bay School.

As well please outline the ways in which your daughter has demonstrated involvement in her school,
church or community.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Completed applications should be marked “Confidential” and forwarded to:
The Registrar
Kincoppal-Rose Bay School
New South Head Rd
ROSE BAY NSW 2029