



# INDIGENOUS SCHOLARS PROGRAMME

**Application Form** 



### **APPLICATION REQUIREMENTS**

All applications must include the following information:

- **1.** A completed Scholarship Application Form
- 2. Copies of the student's two most recent school reports and NAPLAN results
- **3.** Copies of current learning plans, specialist or allied health reports and assessments that detail additional learning needs, disabilities, medical conditions or mental health challenges that may require additional support to access their education and CGS life.
- 4. One personal reference which includes the referee's contact details
- **5.** One reference from a member of the student's Aboriginal or Torres Strait Island community which includes the referee's contact details
- 6. If applicable, any Court/Protection Orders or Parenting Plans that relate to the student.
- 7. A copy of the student's birth certificate; and
- 8. Evidence of application for ABSTUDY.

Application and supporting documents can be sent to:

#### admissions@cgs.act.edu.au

with the subject line 'Indigenous Scholars Programme Application'

or sent via mail to

Head of Admissions Canberra Grammar School 40 Monaro Crescent, Red Hill ACT 2603

If providing hard copies, please ensure documents included are not originals as they will not be returned.





# CGS INDIGENOUS SCHOLARS PROGRAMME APPLICATION FORM

#### **STUDENT INFORMATION**

Given name(s):	Preferred name:			
Middle name(s):	Family name:			
Date of birth:	Gender:			
Address:				
Level of entry (eg Year 9):	Day Boarder			
Current school:				
Traditional Custodians:	Language group:			
Which Indigenous community do you belong to?				
Are there any previous family connections with CGS?  Yes  No				
If yes, please provide details:				

## **PARENT/GUARDIAN INFORMATION**

# Parent/guardian 1

Given name(s):		Family name:			
Occupation:		Relationship to student:			
Address:					
Does the applicant live with this parent/guardian?  Yes  No					
Home phone:	Work phone:		Mobile:		
Email:					
Signature:			Date:		
Isolated Children's Parents' Association Member: Yes No					
Parent/guardian 2					
Given name(s):		Family name:			
Occupation:		Relationship to stude	ent:		
Address:					
Does the applicant live with this parent/guardian?  Yes  No					
Home phone:	Work phone:		Mobile:		
Email:					
Signature:			Date:		
Isolated Children's Parents' Association Member: Yes No					

### **PARENT/GUARDIAN RESPONSES**

What do you hope a partnership with CCS would do for you and your child?		
What do you hope a partnership with CGS would do for you and your child?		
What three words would you use to describe your child?		
How do you think your shild will manage the transition to CCC2 De you have any concerne?		
How do you think your child will manage the transition to CGS? Do you have any concerns?		
Does your child have any identified or suspected learning needs, any social, emotional or wellbeing concerns, or significant medical		
conditions/history?		
Do you give consent for CGS to contact your child's current or previous school to obtain information to assist CGS in assessing their		
educational needs?		

#### **STUDENT INFORMATION**

	your Indigenous culture important to you? Tell us about your family, country or community and why these portant:	
G. G	of tant.	
List thre	ee things that you are proud of:	
Liot time		
1.		
<b></b> .		
2.		
3.		
What kind of things do you like doing? Tell us about your hobbies (things like art and music) or any groups you're a part of (like sports clubs or youth groups):		
sports	clubs or youth groups):	
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What are your favourite subjects at school and why? What are your study habits like?		
What do you like about school and what do you find challenging at school?		
Why do you want to attend Canberra Grammar School?		
Is there anything else you would like to tell us?		

#### **REFEREES**

Please attach two written references to your scholarship application and provide the referee's details below ensuring that you have:

- One personal reference from a sports coach, teacher or community member; and
- One reference from a member of your Indigenous community.

REFEREE 1					
Name:					
Ac	Address:				
Pł	Phone:				
Er	Email:				
REFEREE 2					
Na	Name:				
Ac	Address:				
Phone:					
Er	Email:				
Cl	CHECKLIST				
We	Ve have included the following documents to accompany this application:				
	Copies of the student's two most recent school reports and latest NAPLAN result	lts			
	Copies of Learning Plans and/or specialist/allied health care reports/assessments (detailing learning needs or physical/social/emotional needs that affect the student's learning or behaviour at school)				
	One personal reference which includes the and contact details				
	One reference from a member of the student's Aboriginal or Torres Strait Island community which includes the referee's address and contact details				
	If applicable, any Court/Protection Orders or Parenting Plans that relate to the student.				
	A copy of the student's birth certificate; and				
	Evidence of application for ABSTUDY.				
St	Student signature:	Date:			



40 Monaro Crescent, Red Hill ACT 2603

**T** +61 (2) 6260 9700

**E** admissions@cgs.act.edu.au

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