EXCELLENCE & CONFIDENCE, SIDE BY SIDE.

For information on Scholarships and selection criteria please go to tintern.vic.edu.au

Please complete the form in full and submit together with all required documentation via email to scholarships@tintern.vic.edu.au

If you have any questions, please contact us on:

+61 3 9845 7878 scholarships@tintern.vic.edu.au

tintern.vic.edu.au

SCHOLARSHIP APPLICATION FORM

Student Details

PLEASE USE BLOCK LETTERS

Surname:
Given Names:
Preferred Name:
Gender:
iDAT Account ID No: iDAT Test Booking No:
Date of iDAT Test: / / Time of iDAT Test:
Scholarship Program applying for: Academic Achievement & Leadership Future Voices (General Excellence)
Music Performing Arts Social Justice Alumni Henry & Jean Speagle
Year of entry: 2026
Date of Birth:
Nationality:
Victorian School Number: (if known)
Religion:
Current school: (if applicable)
Current year level:
Language/s spoken at home:
Favourite subjects and interests:
For visa purposes, is your child: an Australian Citizen a Permanent Resident Please attach a copy of your child's Birth Certificate, Passport and Visa as proof of the above to this application if not an Australian citizen.
Student resides with:
Both parents Mother Father Other – Please provide details:
Are both parents Australian Citizens? Parent 1 Yes No Parent 2 Yes No If No, please attach a copy of relevant Visa and Passport documentation.
Is there a Court Order or Parent Plan in relation to this student? Yes No If Yes, please attach a copy.



Medical Needs		Why have you chosen to apply
Please list any medical needs your child might have:	(eg. Asthma, Anaphylaxis, etc):	at Tintern Grammar?
		Please rank from 1 being the
		most important, to 5 being the
		least important.
		Family connection
The Control of the Control		Resources and Facilities
Extra Curricular Activities		Location
Is your child a member of any clubs or organisations' Yes No	,	Recommendation of Friend
If Yes, please provide details:		School Model
1		Class Size
		Academic Excellence
		Farm
		Nurturing Environment
		Focus on Individual Needs
What positions of responsibility has your child held a above clubs?	t School or at any of the	Sporting Programs
above clubs:		Visual/Performing Arts Programs
		Music Programs
		Other:
Place and any firsther relevant information that may		
Please add any further relevant information that may	support your child's application.	How did you hear about
		Tintern Grammar?
		Attended Information Morning/
		Open Day
		Prospectus
		Website
		Newspaper Advertisement
	······································	Online
Music Applicants Only:		Radio
Instrument played:		Billboard
Years your child has been studying this instrument:		Other:
rears your critical has been studying this institution.		
AMEB Standard		
Contact Details of Current Music Teacher		
Please attach copies of all AMEB (or equivalent) Grade Certificates.		
Performing Arts Applicants Only:		
Years your child has been studying:		
Drama: Dance:	Musical Theatre:	
Contact Details of Current Performing Arts Teacher		
and the state of t		

Tintern Connections Current family connections with Tintern	(e.g. brother, sister)
Name:	Name:
Current Student Previous Student Future Student	Current Student Previous Student Future Student
House: (if known)	House: (if known)
Other Family Connections Parents, cousins or other relat	ives who have attended Tintern
Full Name:	Full Name:
Maiden Name:	Maiden Name:
Relationship:	Relationship:
Final year at Tintern:	Final year at Tintern:
Parent/Guardian Details Parent 1 Dr / Mr / Mrs / Miss / Ms / Rev Surname:	Parent 2 Dr / Mr / Mrs / Miss / Ms / Rev Surname:
Given Names:	Given Names:
Home Address:	Home Address:
Postcode:	Postcode:
Postal Address:	Postal Address:
Postcode:	Postcode:
Home Phone: ()	Home Phone: ()
Mobile:	Mobile:
Work Phone: ()	Work Phone: ()
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:
Relationship to student:	Relationship to student:
If parents/legal guardians live at separate addresses, please tick who	ere correspondence should be sent: Both
Billing Instructions Name/s of person/s to whom accounts should be addressed:	
Relationship to student:	
Mailing address for accounts:	Postcode:
Residential address for accounts:	Postcode:

Declaration by Parents / Guardians

We request that the above-named student be registered for a Scholarship at Tintern Grammar. We have read and understood the detail regarding the Tintern Grammar Scholarship Program and all information that has been provided is accurate and true. I/We acknowledge that this application does not guarantee that a Scholarship will be offered.

We have read and understood the Privacy Policy (available on our website) and, in making this application for enrolment, consent to the collection and disclosure of personal information and sensitive information as provided for by the Privacy Policy.

We will advise the School in writing of any changes to contact details or information in this application.

Signature of both Parents/Guardian	s			
This application requires the signature of both parents. If both signatures are not appended, the circumstances should be indicated.				
Parent/Guardian 1 signature:	Parent/Guardian 2 signature:			
Date	Date			
Checklist				
Registered with iDAT (www.idat.org)				
Booked the iDAT exam				
Paid the iDAT exam fee				
Completed iDAT references on Page 1 of t	his Application Form			
Please submit this form, together with:				
Copy of Birth Certificate				
	Name and Decident size baldens			
Copy of Passport and Visa (for Australian P	rermanent Resident visa noiders)			
Copy of Passport and Visa (for Australian P				
	irs			
Copy of school reports for the last two year	irs			
Copy of school reports for the last two year Copy of the two most recent NAPLAN reports	irs			