

OZFORD COLLEGE  
SCHOLARSHIP REGISTRATION

This form is a registration of your intention to apply for a scholarship of general excellence at Ozford College.

Scholarships are awarded to students who can demonstrate outstanding abilities in a number of areas such as academic achievement and leadership.

**Candidate Information:**

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Address in home country: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Sex:     Male / Female

Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Are you currently studying in Australia:   Yes            No

If yes, Address in Australia:

\_\_\_\_\_  
\_\_\_\_\_

Current school: \_\_\_\_\_

Current year level: \_\_\_\_\_

**Parent Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

**Parent/ Guardian Information if under 18**

	Father/Guardian	Mother/Guardian
Family Name:		
Give Names:		
Address:		
	Postcode:	Postcode:
Email:		
Telephone:		
Fax:		

**Studies Requested**

Specify the studies that you are currently enrolling in at the College or that you are already enrolled in.

English Language Centre:  Level enrolled: \_\_\_\_\_

High School:  Level enrolled \_\_\_\_\_

**Educational Qualifications: Please provide certified copies of latest academic results in English.**

<b>Name of School in Australia:</b>	<b>Qualification:</b>
Address of School:	
Country/State:	
Language of Instruction:	
<b>Name of School overseas:</b>	<b>Qualification:</b>
Address of School:	
Country/State:	
Language of Instruction:	

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**English Language Proficiency:** Please provide evidence of any English language qualifications or test score. Please ✓

Beginner	Lower Intermediate	Intermediate	Advanced
IELTS score:	TOEFL score:	Others:	

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Signature of Applicant / Student

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

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Signature of Parent/ Guardian (if student under 18 years of age)

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Name of Parent/ Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

**Please forward your registration form to:**

**VCE Coordinator**

**Level 3, 169 Swanston St, Melbourne, Australia, 3000.**