

2014 YEAR 6 SCHOLARSHIP APPLICATION FORM

STUDENT NAME: _____

DOB: _____ / _____ / _____

ADDRESS: _____

CONTACT NO: _____ MOBILE: _____

EMAIL: _____

SCHOOL ATTENDING: _____ TUTOR NAME: _____

INSTRUMENT: _____ NO. OF YEARS LEARNING: _____

PARENT/GUARDIAN'S NAME

PARENT/GUARDIAN'S SIGNATURE

Please return this application form to:
Central Coast Conservatorium
PO Box 1303
GOSFORD NSW 2250
Phone: 4324 7477
Fax 4324 2440 or email admin@centralcoastconservatorium.com.au

Closing date for receipt of application: Friday November 15, 2013

Auditions will be held on Saturday November 30, 2013 between 10am and 1pm. You will be notified of your audition time after the closing date.