



UNIVERSITY SENIOR COLLEGE ADELAIDE

SCHOLARSHIP APPLICATION

Please complete all sections of the SCHOLARSHIP APPLICATION FORM and submit documentation requirements to the following address:

Enrolment Officer
University Senior College
North Terrace
UNIVERSITY OF ADELAIDE SA 5005

OFFICE USE

Student ID:
Receipt No: Date:
Data Entered: Date:

STUDENT DETAILS

Family Name:
Given Names:
Date of Birth: Male Female Other
Residential Address:
Postcode:
Home Phone:
Student Mobile:
Student Email:
Does the student live with:
Both Parents Father Mother Each Parent
Other (please specify)

Current Year Level:
Current School Attending:
Does the student receive School Card Assistance?
No Yes
Does the student receive Common Youth Allowance?
No Yes
Are you of Aboriginal or Torres Strait Islander origin?
No Yes, Aboriginal Yes, Torres Strait Islander
Does the student receive ABSTUDY?
No Yes
Is help received from ABSEC?
No Yes

PARENT/GUARDIAN 1

Title: Mrs Ms Miss Mr Dr
Family Name:
Given Names:
Relationship to Student:
Relationship to Parent/Guardian 2:
Residential Address:
Postcode:
Home Phone:
Work Phone:
Mobile:
Email:
Occupation:
Employer:

PARENT/GUARDIAN 2

Title: Mrs Ms Miss Mr Dr
Family Name:
Given Names:
Relationship to Student:
Relationship to Parent/Guardian 1:
Residential Address:
Postcode:
Home Phone:
Work Phone:
Mobile:
Email:
Occupation:
Employer:

I WISH TO APPLY FOR:

All-Rounder Scholarship

Principals Scholarship

Hardship Scholarship

Old Scholars' Scholarship

ADMISSION DETAILS

Seeking enrolment at USC in the year: 20 _____

Year Level:

Year 10

Year 11 - Semester 1

Year 11 - Semester 2

Year 12*

Year 13*

**Please attach current school reports*

HOW DID YOU HEAR ABOUT USC?

Bus Shelter

Street Banner

Old Scholar

Radio

SA Life

Bus

Word of Mouth

Social Media

Digital Billboard

University of Adelaide

Tram

Sibling/Family

Website

Shopping Centre

Other *(please specify)*

WHAT ENCOURAGED YOU TO CHOOSE USC?

SIGNATURE

I have included the documentation outlined in the checklist in the Scholarship Information Package.

Please only provide copies of these documents, not originals, as they will not be returned.

Please be aware that all information is collected in accordance with our privacy policy available on our website

.....
Student

.....
Parent/Guardian

.....
Date

APPLICATION FEE PAYMENT - \$80.00

Credit Card

EFT

EFT

University Senior College Inc.

National Australia Bank, 22 King William Street, Adelaide

BSB: 085-005 Account: 53-966-2622

Please include your child's name as a reference

CREDIT CARD DETAILS

Card Name:
.....

Please charge my:

.....
Visa

.....
MasterCard

.....
AMEX

Expiry Date:

.....
/

Card Number:
.....

Card Holder's Signature:
.....