



**St John of God Health Care Performing Arts Scholarship  
Nomination Form**

**Part A: To be completed by the student or parent of student nominating**

Name of applicant:	
School:	
Year level:	<input type="checkbox"/> Year 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12
What genre of Performing Arts are you involved in?	<i>Eg. Music, dance, drama...</i>
How long have you been involved in performing arts?	
Explain how this scholarship would benefit you.	
Additional information	<p>Applicants may attach a letter from themselves or their parents supporting their nomination.</p> <input type="checkbox"/> Yes additional information is attached <input type="checkbox"/> No additional information is attached.
I permit St John of God Health Care to contact me for promotional purposes	<p>_____</p> <p>Signature of Student</p> <p>_____</p> <p>Signature of Parent/Guardian</p>

Please submit your completed application to your Performing Arts teacher or Principal by **Friday 10 August 2018**

