



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: | ☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 | | |
| | □ Year 10 □ Year 11 □ Year 12 | | |
| What genre of Performing Arts are you involved in? | Eg. Music, dance, drama | | |
| How long have you been involved in performing arts? | | | |
| Explain how this scholarship would benefit you. | | | |
| Additional information | Applicants may attach a letter from themselves or their parents supporting their nomination. | | |
| I permit St John of God Health Care to contact me for promotional purposes | Signature of Student Signature of Parent/Guardian | | |

Part B: To be completed by Performing Arts Coordinator or Principal

| Please provide be | Please provide below any additional information to support this nomination. | | | | |
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| Name | Signature | Name | Signature | | |
| Performing Arts Coordinator | | Principal | | | |

Principal please email this completed nomination form to Sabrina D'Roza, Executive Officer, Catholic Arts Office catholicarts@cewa.edu.au

By COB Monday 13 August 2018