

**Form B: Peter F Conway Scholarship**

**Means-Related**

**EXPRESSION OF INTEREST**

Family name(s): .....

Christian name of boy: .....

Parents' Christian names: .....  
Father Mother

Title: Father: ..... Mother: .....  
Mr/Dr/Rev Mrs/Ms/Dr

Address: .....  
.....

**Contact information:**

Home phone: ..... Mobile: .....

Email: .....

Student's place in family: eg 1, 2, 3 ..... Student's date of birth: .....

Student's current school: .....

Parent(s)/Guardian(s) signature: .....

Date: .....

**Note: Applicants will be contacted by the School to complete a confidential statement of their financial situation.**

This form should be returned to:

Ms Fran Lamb  
Scholarships Office  
Shore  
PO Box 1221  
NORTH SYDNEY NSW 2059

Telephone: (02) 9900 4746  
Facsimile: (02) 9956 1190



**SHORE**

