

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 Lee Ducrou
Scholarships Office
Shore
PO Box 1221
NORTH SYDNEY NSW 2059

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



SHORE

