



SETON CATHOLIC COLLEGE

MUSIC SCHOLARSHIP 2024

every interaction matters

Marchant Road Samson WA 6163
PO Box 333 Hamilton Hill WA 6963

Phone: (08) 9331 9600
Fax: (08) 9314 8440

Email: admin@seton.wa.edu.au
seton.wa.edu.au

Student Name:	
Date of Birth:	Primary School attending:
Parent Name:	
Address:	
Home Phone no. and/or Mobile Phone no:	
Email Address:	
Year student is entering in 2024: <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	
Current instrument(s):	Years played:
Present involvement in music at school: (eg; Band, Choir, Class Music, etc.):	
Any other relevant information:	

* Please attach copies of instrumental reports and any other documents that may be relevant to this application and send the application to the Director of Music at the letterhead address.

Agreement to Terms & Conditions of Entry

I (scholarship applicant) have read and understood the terms and conditions of the music scholarships. I understand that the panel's decision is final, and no correspondence will be entered into.

Scholarship applicant signature: _____ Date: ____ / ____ / ____

Parent/guardian signature: _____ Date: ____ / ____ / ____

Date submitted: ____ / ____ / ____ (Office use only)