**OLD ELIZABETHAN ASSOCIATION AWARD**

**APPLICATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Click here to enter text. | | | School No. | Click here to enter text. |
| Date of Birth | Click here to enter a date. | Age | Click here to enter text. | Form | Click here to enter text. |
| Email | Click here to enter text. | | Phone | Click here to enter text. | |
| Address | Click here to enter text. | | | | |
| Event | Click here to enter text. | | | | |
| Event Date | Click here to enter text. | | | | |

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| --- |
| 1. Outline the aims and nature of the course, event or project for which you are applying for an award. |
| Click here to enter text. |
| 1. In which areas have you excelled and brought credit to Elizabeth College? *Please give details of your achievements to support your application* |
| Click here to enter text. |
| 1. How were you selected for this course, event or project that you propose to attend? |
| Click here to enter text. |
| 1. What is the cost of the course, event or project including travel expenses? |
| Click here to enter text. |
| 1. Have you obtained any other sources of financial support and if so what? |
| Click here to enter text. |
| 1. What do you expect to achieve from attending this course, event or project? |
| Click here to enter text. |
| 1. Please provide any other comments that you believe are relevant for this application. |
| Click here to enter text. |
| 1. Which teacher is most closely involved with this course, event or project? |
| Click here to enter text. |
| 1. Teacher’s recommendation and support. |
| Click here to enter text. |

Pupil’s Signature

Parent / Guardian’s Signature

Name of Parent / Guardian Click here to enter text.

Teacher’s Signature

Principal’s Comments

Approved by the Principal

|  |  |
| --- | --- |
| OEA Meeting Date |  |
| Decision |  |
| College Advised |  |