

## 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:	<input type="checkbox"/> Year 6 <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
What genre of Performing Arts are you involved in?	<i>Eg. Music, dance, drama...</i>
How long have you been involved in performing arts?	
Explain how this scholarship would benefit you.  What would you do with the scholarship prize?	
Additional information	Applicants may attach a letter from themselves or their parents supporting their nomination.  <input type="checkbox"/> Yes additional information is attached  <input type="checkbox"/> No additional information is attached.
I permit St John of God Health Care to contact me for promotional purposes	_____ Signature of Student   _____ Signature of Parent/Guardian

Please submit your completed application to your Performing Arts teacher or Principal by **Friday 12 August 2022**

**Part B:**

**CONFIDENTIAL:** To be completed by Performing Arts Coordinator or Principal

**Severe personal circumstances**

**Health Concerns**

**Financial**

Please provide below any additional information to support this nomination.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

**Performing Arts Coordinator**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

**Principal**

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

**By COB WEDNESDAY 17 AUGUST 2022**