



Scholarship Application | Middle School 2025

Primary Email Address

Please nominate a single email address to receive all correspondence relating to this application.

Applicant Details

First Name: _____ Family Name: _____ Date of birth (dd/mm/yyyy): _____

Year Level in 2025: Year 6 Year 7

Parent/Guardian Details | Contact 1

First Name: _____ Family Name: _____ Mercedes College Old Scholar: Yes No

Mobile: _____ Email: _____

Home Address: _____

Parent/Guardian Details | Contact 2

First Name: _____ Family Name: _____ Mercedes College Old Scholar: Yes No

Mobile: _____ Email: _____

Home Address: _____

Privacy Statement

I agree for this personal information to be shared with the Mercedes College Scholarship Committee.

Application Details

Please refer to the assessment criteria for this Scholarship (available on the College website) and detail how you, the applicant, are a good candidate to join Mercedes College (200-300 words).
