



Attach a recent passport size photograph of the student in this space

## 2026 DRAMA DEVELOPMENT PROGRAM SCHOLARSHIP APPLICATION

*Applications are due to The Jannali High School by Friday, 20<sup>th</sup> June 2025*

### Personal Details

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current school: \_\_\_\_\_

Name of Parent(s) / Carer(s): Mr / Mrs / Ms \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Parents email address: \_\_\_\_\_

Drama/Performance experience and interest: (Please detail below or provide additional documentation on your Performance Experiences)

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Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this application to:  
Ms Elizabeth Sardi, Drama Teacher by, Friday, 20<sup>th</sup> June 2025



## 2025 DRAMA DEVELOPMENT PROGRAM SCHOLARSHIP APPLICATION

This form should be given to the Principal of the child's current school.  
The Principal or delegate will email (jannali-h.school@det.nsw.edu.au) this form directly to TJHS.

Student name: \_\_\_\_\_

Current school: \_\_\_\_\_

Principal's Comment (or Principal's delegate e.g. Deputy Principal, Stage Coordinator)

Rate the student on the following statements by placing a cross in one of the squares on the continuum	Poor	Fair	Good	High	<i>Excellent</i>
The student is a cooperative member of the school					
The student's contributions to the school are					
The student acts responsibly					
The student's attendance record is					
The student's level of commitment to his/her studies is					
The student's ability to work cooperatively with others is					
The student's leadership skills and abilities are					
The student's literacy skills are					
The student's numeracy skills are					
The student's behaviour is					

Comment on the student's suitability for a place in a high school gifted & talented dance program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other relevant details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any special needs that the student may have:

\_\_\_\_\_

\_\_\_\_\_

Overall Rating: Please tick the most appropriate box:

Recommended with some concerns       Recommended       Highly Recommended

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_