

Rongdhanu Talent Award Programme Application Form

APPLICANT'S INFORMATION	
FULL NAME:	
STREET ADDRESS:	
CITY:	
STATE:	ZIP CODE:
EMAIL ADDRESS:	PHONE NUMBER:
DATE OF BIRTH:	
FATHER	
MOTHER	
EDUCATION	
Your current school or educational institution.	
NAME OF THE INSTITUTION:	
CITY:	
STATE:	COUNTRY:
FIRST ATTENDED:	LAST ATTENDED:
DATE OF EXAM:	NAME OF EXAM

Area(s) of achievement: (Please mark relevant areas)	3rd	4th	5th	
	6th	7th	8th 11th	
	9th	10th		
	12th	Undergraduate	Post Graduate	
	Other	Sports	Cultural	
	NAPLAN	SELECTIVE	OC	
	Other area			
BRIEF DESCRIPTION OF YOUR ACHIEVEMENT:				
Did you receive any award from us before	Yes No	If 'Yes', please mention the year		
Students signature*		Date		
Parent/Guardian signature*		Date		
*Signature is not required if you complete this form and send the soft copy to us via e-mail				
Please complete the about to our e-mail address:			documentation before sending	
Please note that we ac	cept the followi	ing(s) as supporting docum	nents .	
1) Legible copy of acade	emic certificate a	nd result with the students na	ame on it	
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- 2) Legible copy of certificate describing the area of achievement and the rewarding authority.
 3) For OC and Selective results, the copy of the letter from the Department of Education.

We will not consider any application without the proper supporting document(s)