

RCTC JUNIOR SCHOLARSHIP PROGRAM

Scholarship Applicant	
Given Name	
Surname	
Telephone	
Email	
Home Address	
Date of Birth	
School attending	
Parent/Guardian	
Given Name	
Surname	
Telephone	
Email	
Home Address	
Applicant Statement	
By lodging this application La	gree to be bound by the rules of the Roma
	isions of the Scolarship Team.
I confirm that I will be over 11 at the 1st January 2026 and under 15 at the 30th April 2026	
Toomin that I will be over 11	at the 13t Junuary 2020 and ander 10 at the 30th April 2020
Signed by the Applicant	
3 11	
Parent/Guardian Statement	
By signing this application I agree to be bound by the rules of the Roma	
Clay Target Club Inc. and decisions of the Scholarship Team.	
I give my consent for the applicant to take part in this program	
Signed by Parent/Guardian	
Date	1 1
Applicant to attach:	
Short letter explaining why you would like to be part of the program.	

Please return to secretary@romagunclub.com.au by 30th November 2025 For further details contact JSP Co-ordinator - Robert Nugent 0428 768 482 The Club reserves the right to alter this program at any time as it sees fit.