The Beth MacLaren Smallwood Scholarship was established by a former student of Strathcona, the late Mrs Beth Smallwood (nee MacLaren). The recipient will be a girl with significant hearing impairment who would benefit from an education at Strathcona BGGS. The recipient of the Scholarship will be determined by interview and, dependent on financial circumstances, will be valued at up to 80% of the tuition fees in any one year. The Scholarship shall be available to each scholar for the period of her enrolment, subject to satisfactory conduct and progress.

Accompanying the application should be the most recent school report and an outline of the nature and extent of the hearing impairment.

Applications should be returned to:

Mrs Helen Hughes
Principal
Strathcona Baptist Girls Grammar
34 Scott Street
CANTERBURY  3126

Locations:
Senior School, Middle School and ELC Campus -
34 Scott Street Canterbury 3126
Tay Creggan – Year 9 Campus, 30 Yarra Street Hawthorn 3122
Mellor House – Junior School Campus, 173 Prospect Hill Road Canterbury 3126
Phone:  8779 7500
Fax:   9888 5440
Email:  registrar@strathcona.vic.edu.au
Web:   www.strathcona.vic.edu.au
STUDENTS’S FULL NAME: ________________________________________________

ADDRESS: ___________________________________________________________

_____________________________________________________________________
Postcode __________

DATE & PLACE OF BIRTH: ______________________________________________

PRESENT SCHOOL & YEAR LEVEL: _________________________________________

POSITION IN FAMILY: ______ No of sisters _______ Ages ________

(ie 1st, 2nd, etc)

No of brothers _______ Ages ________

PARENTS: Father Mother

Surname: _____________________________ _____________________________

First Name: ___________________________ _____________________________

Address: _____________________________ _____________________________

_____________________________________________________________________

Occupation: ___________________________ _____________________________

Telephone B: ___________________________ _____________________________

Telephone H: ___________________________ _____________________________

Mobile: ___________________________ _____________________________

Email: ___________________________ _____________________________

REFEREES: (Including medical, personal)

1. Name: ___________________________ Tel No: ___________________________

2. Name: ___________________________ Tel No: ___________________________

3. Name: ___________________________ Tel No: ___________________________

PARENT’S SIGNATURE: ___________________________ DATE: ___________

_____________________________________________________________________

_____________________________________________________________________

DATE: ___________