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
STRATHCONA BAPTIST GIRLS GRAMMAR
THE BETH MACLAREN SMALLWOOD SCHOLARSHIP APPLICATION FORM ENTRY 2015

STUDENTS’S FULL NAME: ____________________________________________________________

ADDRESS: ______________________________________________________________________

Postcode ________________

DATE & PLACE OF BIRTH: __________________________________________________________

PRESENT SCHOOL & YEAR LEVEL: __________________________________________________

POSITION IN FAMILY: ______ No of sisters _______ Ages _________

(i.e 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: ______________