

# THE BETH MACLAREN SMALLWOOD SCHOLARSHIP

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 BGGGS. 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 Marise McConaghy  
Principal  
Strathcona Baptist Girls Grammar  
34 Scott Street  
CANTERBURY VIC 3126

## Locations:

*Senior School, Middle School and ELC Campus - 34 Scott Street Canterbury 3126*

*Tay Creggan – Year 9 Campus, 30 Yarra Street Hawthorn 3122*

*Junior School – 173 Prospect Hill Road Canterbury 3126*

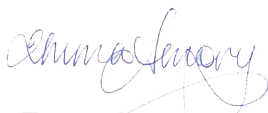
Phone: 8779 7500

Fax: 9888 5440

Email: [registrar@strathcona.vic.edu.au](mailto:registrar@strathcona.vic.edu.au)

Web: [www.strathcona.vic.edu.au](http://www.strathcona.vic.edu.au)

Yours sincerely,



Emma Amory  
**Registrar**



# BETH MACLAREN SCHOLARSHIP

## Application Form

Student's Full Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Intended year of entry (e.g. 2020): \_\_\_\_\_ Intended year level (e.g. Year 5): \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Present School and Year Level: \_\_\_\_\_

Position in Family: \_\_\_\_\_ Number of sisters \_\_\_\_\_ Ages \_\_\_\_\_

(ie 1st, 2nd, etc)

Number 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:** \_\_\_\_\_

