



Bedford College

Baptist Business College Ltd (ABN 99 000 049 187)

National Provider Number: 2955

CRICOS Provider Number: 01589B

Postal Address: Private Bag 8, Glebe NSW 2037

Glebe Campus: 54 Parramatta Road, Glebe NSW 2037

Norwest Campus: 2 Columbia Court, Baulkham Hills NSW 2153

Website: www.bedford.edu.au

Telephone: 1300 174 174

02 8572 3260

Facsimile: 02 8572 3261

Email: info@bedford.edu.au

Scholarship Application Form – for study in 2019

TWO (2) SCHOLARSHIPS each covering 50% of the tuition fee for the 2019 academic year will be available.
Applicants may choose from the following one-year (40 week) full-time Diploma courses:

Business, Early Childhood Education & Care and Community Services

Scholarship Selection

Scholarships will be selected on a portfolio submitted by the applicant followed by an interview at the College for shortlisted applicants.

(APPLICATIONS CLOSE AT 5.00pm, 1 DECEMBER 2018)

The following documents should be included with your portfolio:

1. References, including from your high school, employer (if applicable) and personal references from individuals who have known you for a considerable time
2. Résumé
3. School Reports from last 2 years
4. One-two (1-2) page essay describing yourself, your interests and hobbies, and your career aspirations on completion of the diploma course

Applications should be mailed to the College postal address: Bedford College, Private Bag 8, Glebe NSW 2037 (or may be delivered by-hand to the College).

Please Note:

- Ensure that you indicate below which Diploma you wish to study (Business, Early Childhood or Community Services) and at which Campus
- Scholarships are available to current year 10, 11, 12 school leavers only
- As the portfolios are not returned to you at the end of the application process, please ensure that you do not send original certificates, letters, etc.

Scholarship Applicant Details (Please write clearly using BLOCK letters)

Which Diploma Course are you interested in studying? (Tick one box only) Business Early Childhood Education & Care Community Services

Which is your preferred campus? Glebe Norwest

Applicant's Title: Mr Miss Mrs Ms

Family Name: _____ Given Names: _____

Date of Birth: _____

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Telephone (Private): () Business Hours: () Mobile: _____

Email Address: _____

Current school name: _____ School telephone number () _____

Current school year (as at December 2017): _____