



**BAIRNSDALE
CHRISTIAN
COLLEGE**

03 5153 0079



admin@bccs.vic.edu.au



www.bccs.vic.edu.au



Academic Scholarship Application

Date of Application _____

Student's details:

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Current school of enrolment (if applicable) _____

Parent / Guardian Details:

Parent / Guardian 1

First Name _____ Last Name _____

Mobile _____ Email _____

Parent / Guardian 2 (if applicable)

First Name _____ Last Name _____

Mobile _____ Email _____

Please submit this application in person or email to admin@bccs.vic.edu.au