



Southern School of Natural Therapies

AMBASSADOR SCHOLARSHIP PROGRAM APPLICATION FORM

Attach
Passport-Sized
Photo
Here

Applicant's Name: _____

Student No: _____ DOB: _____

Address: _____

PCode: _____

Home Phone: _____ Work Phone: _____

Mobile: _____

Email: _____

For which SSNT course have you registered?

How did you first hear about Southern School of Natural Therapies?

Why have you selected the Southern School as the institution at which to do your chosen course? (maximum of 100 words)



Southern School of Natural Therapies

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Applicant's Name: _____

Post-Secondary Education: _____

Year 12 ENTER Score (Only if under 21 years of age): _____

If applicable, please briefly list any experience in the following areas:

Volunteer Programs: _____

Public Speaking: _____

Employment History: _____

I confirm that I have read the Scholarship Information detailed on the website and agree to abide by the stated Terms and Conditions.

Signature: _____ Date: _____