



**Bedford
Greenacre
Independent
School**

**Individual
potential
unleashed**

Committed to the wellbeing of every child

Scholarship Application Form

Applicable for Year 5 onward

Application deadline 31st January



APPLICANT'S DETAILS

Family name / surname		
First name(s)		
Date of birth		
Age on the 1 September in year of entry	Years	Months
Is the applicant registered at Bedford Greenacre Independent School?	YES	NO <i>Please complete the registration form and return with this application</i>

PARENT/GUARDIAN DETAILS

Parent / Guardian name 1		
Parent / Guardian name 2		
Correspondence Address		
Postcode		
Contact details: Telephone:	Email:	

CURRENT SCHOOL INFORMATION

A confidential report will be requested from the applicants current school

Current School Name		
School Address		
Postcode		

Telephone Number		
Email Address		
Head Teacher's name		

SCHOLARSHIP

Please tick the relevant box for the scholarship you wish your child to be considered for

Academic Scholarship	Year Group	
Sports Scholarship	Year Group	
Music Scholarship	Year Group	
Arts/Drama Scholarship	Year Group	



Academic Scholarships

Areas/subjects of strength

1_____

2_____

3_____

4_____

5_____

6_____

National Curriculum levels or achievements in these subjects

1_____

2_____

3_____

4_____

5_____

6_____

Sports Scholarships

Please list sports played in order of strength

1_____

2_____

3_____

4_____

5_____

6_____

Please give details of any representations in School, Club or County teams'



Music Scholarships

The applicants musical qualifications

First instrument -----

Last graded examination (grade, mark and date) -----

Approximate grade if no examination taken -----

Second instrument -----

Last graded examination (grade, mark and date) -----

Approximate grade if no examination taken -----

Choral/Singing -----

Last graded examination (grade, mark and date) -----

Approximate grade if no examination taken -----

Other performance experience -----

Arts/Drama Scholarships

Areas of strength -----

Achievements -----

Other performance experience -----



SIBLINGS IN THE FAMILY

Please provide information of all siblings within the family as this may have an effect on the amount of financial support required.

Siblings full name _____

Siblings date of birth _____

Siblings current school _____

If fee paying, please state amount per term £ _____

Siblings full name _____

Siblings date of birth _____

Siblings current school _____

If fee paying, please state amount per term £ _____

Please continue on a separate sheet if there are more siblings.

I / We declare to the best of my / our knowledge all the details submitted within this application are true and that the submission of false information may lead to my / our child being disqualified from the scholarship.

Signature Parent / Guardian 1 _____ Date _____

Print name _____

Signature Parent / Guardian 2 _____ Date _____

Print name _____

Please return this form to the address below marked for the attention of Mrs S Diffey, School Business Manager

Bedford Greenacre Independent School
Registered office:
58-60 Shakespeare Road
Bedford
MK40 2DL

Tel: 01234 352031
email: hello@bedfordgreenacre.co.uk
website: www.bedfordgreenacre.co.uk