

Application for Academic Scholarship

First name:	
Surname:	
Date of birth:	
Gender:	
Home address inc. postcode:	
Tel: (home/mobile)	
Email:	
Name and address of current school inc. postcode:	

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Application for Academic Scholarship

Section A: to be completed by the applicant's parent
Please provide an academic CV detailing your child's academic achievements to date. Please be sure to include details regarding your specialised academic area (Maths or English).

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Other achievements and supporting information	

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APPLICATION FOR ACADEMIC SCHOLARSHIP

ACHIEVEMENTS AND SUPPORTING INFORMATION

Section C: to be completed and signed by the applicant's parent

On the Scholarship Assessment Day, your child will participate in a variety of tests during the

course of the morning. Please complete the details below and return with your application. Does your child have any medical conditions? YES / NO (delete as appropriate) If YES, please provide details, including medication: **Declaration:** I should like my son/daughter to be considered for an academic scholarship and understand that he/she will be assessed in either Maths or English. I confirm that my child will bring any medication required to the day. Parent signature: Date:

DEADLINE FOR SUBMISSION is Friday 12th January 2024. Please submit your completed application form via email to: joinus@longcloseschool.co.uk. If you have any queries, please call us on: 01753 309588.

Next steps: We will notify you if your child has been shortlisted to attend the Scholarship Assessment Day. This will take place on Friday, 19th January 2024

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