

BARNARD CASTLE SCHOOL



### ACADEMIC

SCHOLARSHIP PROGRAMME APPLICATION

2024 - 2025



# **About the Applicant**

First Name:	
Last Name:	
Date of Birth:	Gender:
Current School:	
<b>Contact Information</b>	
Home Number:	Postcode:
Contact Mobile:	6 × 1111111
Contact Email:	
Home Address:	1120 - 18



Please read the following information before completing your application.

#### **Criteria and Eligibility**

Scholarships are awarded to students who possess and deliver excellent academic performance. This includes strong performances in Entrance Assessments and interview scenarios.

Barnard Castle School aims to provide opportunities for those who satisfy the following criteri

13+

### Flounders Scholarship

Significantly strong performance in the Entrance Assessment and/or existing academic performance at current school.

16+

#### **Balliol Scholarship**

Eligibility is based on predicted GCSE grades: four to six Grade 8 or 9 as a minimum requirement and interviews with the heads of Department, the Deputy Head (Academic) and the Deputy Head (i/c Sixth Form).

Dates of assessments can be found on the school website

www.barnardcastleschool.org.uk

...or by contacting the School Registrar at

admissions@barneyschool.org.uk

## **Your Performance**

All external candidates will need to provide a written recommendation from a referee (i.e. a teacher or mentor) outlining your academic ability and any respective strengths or outstanding abilities.  Name of Referee:		
	ll us about your academic performances over the last few years it additional information if you wish):	
Please limit response to no	more than 200 words	

### **Applicant & Parent / Guardian Declaration**

#### Please note:

If the application is successful, pupils are expected to fulfil all commitments within the school. This award will be reviewed on an annual basis by the Head of Scholarships and can be revoked should a pupil not consistently display the required commitment and attributes expected of a scholar, which are outlined in the Scholar's Contract.

I certify that the information contained in this application is correct. If the information changes in any way, I will inform Barnard Castle School at the earliest possible convenience. I agree to Barnard Castle School using my details for promotional purposes if my application is successful.

#### **Applicant**

I agree to the above terms and conditions.

Full Name:	
Signature:	Date:
Parent / Guardian	
I give consent for my son/daughter to subr	mit this application.
Full Name:	Relation to Applicant:
Signature:	Date:





For further information about Scholarships at Barney email Mr M T Pepper at mtp@barneyschool.org.uk or admissions@barneyschool.org.uk

WWW.BARNARDCASTLESCHOOL.ORG.UK