



YEAR 7 DEVELOPMENT AWARD APPLICATION FORM

Candidate's Details

Applying for Academic Development Award

Applying for Sports Development Award

Candidate's Surname _____

Candidate's Forenames _____

Candidate's Date of Birth _____

Parents' Details

Parents' Name(s) _____

Address _____

Postcode _____

Telephone Number(s) _____

Parents' Email Addresses _____

Current School Details

Name of School _____

Name of Head Teacher _____

School Address _____

School Email Address _____

Full details of scholarships including examination and application closing dates are available on our website:

<https://www.ampleforth.org.uk/college/admissions/admissions-procedures/academic-awards-scholarships>

or from the Admissions Department, Tel: 01439 766 863 or Email: admissions@ampleforth.org.uk



Special Educational Needs

Please indicate below if the candidate has special educational needs and requires either extra time or the use of a laptop. Please include the relevant supporting documentation.

Special Educational Needs	<input type="checkbox"/>
Extra Time	<input type="checkbox"/>
Laptop Required	<input type="checkbox"/>
Supporting Documentation Attached	<input type="checkbox"/>

Bursary Assistance

Some means tested bursaries are available, subject to application and supporting evidence. Decisions are made by the Bursary Committee. Bursaries are subject to annual review.

Please indicate below if it is your intention to apply for Bursary assistance. If so, please contact the Registrar for a bursary form. Tel: 01439 766 863 or Email: admissions @ampleforth.org.uk

Bursary Applicant

I confirm that I have read the Scholarships and Bursaries information available on the website.

<https://www.ampleforth.org.uk/college/admissions/admissions-procedures/academic-awards-scholarships>

Reference

I hereby give permission for Ampleforth College to request a reference from my child's current school.

Signed (Parent/Guardian) _____ Date _____

All scholarship applications also require the support of the student's current Headteacher. Please indicate this support by obtaining the appropriate signature below.

Signature (Headteacher) _____ Date _____

Please return this form by post or email together with the application fee of £50 per scholarship to:

The Registrar
Ampleforth College
York, YO62 4ER

(Please make cheques payable to St Laurence Education Trust or contact the Admissions Department for other methods of payment.)

