

BRISTOL ROVERS COMMUNITY TRUST

2019/21 FUTSAL & EDUCATION

SCHOLARSHIP APPLICATION FORM



T: 01179524002
 email: edstrange@bristolroverscommunity.org.uk
 website: www.bristolroverscommunity.org.uk

APPLICATION FOR ADMISSION IN SEPTEMBER 2019

PERSONAL DETAILS

| | | | |
|---------------|-------------------|------|--------|
| Legal Surname | Legal Forenames | | |
| Chosen Name | Date of Birth | Male | Female |
| Address: | Telephone | | |
| | Home: | | |
| | Mobile: | | |
| Postcode: | Student's e-mail: | | |

EDUCATION

| Secondary Schools or Colleges attended | Month and Year | |
|--|----------------|----|
| | From | To |
| | | |

QUALIFICATIONS

| GCSE Subjects Taken/To Be Taken | Predicted Grade | GCSE Subjects Taken/To Be Taken | Predicted Grade |
|---------------------------------|-----------------|---------------------------------|-----------------|
| English Language | | | |
| English Literature | | | |
| Maths | | | |
| Science | | | |
| | | | |
| | | | |

PERSONAL STATEMENT

This is your opportunity to make a personal statement about why you have chosen to apply to Bristol Rovers Community Trust.

PARENT/GUARDIAN DETAILS

Contact 1

| |
|---|
| Mr/Mrs/Dr etc: |
| First Name: |
| Surname: |
| Relationship to Applicant: |
| Address (if different from above) |
| Home telephone no. |
| Daytime telephone no. |
| Mobile telephone no. |
| email: |
| <i>Signed:</i> (Parent/Guardian) |

Contact 2

| |
|---|
| Mr/Mrs/Dr etc: |
| First Name: |
| Surname: |
| Relationship to Applicant: |
| Address (if different from above) |
| Home telephone no. |
| Daytime telephone no. |
| Mobile telephone no. |
| email: |
| <i>Signed:</i> (Parent/Guardian) |

LEARNING NEEDS

Do you have any Special Educational Needs (eg Dyslexia)? If so, please indicate.

REFERENCE

To ensure that the transition between school and college is as smooth as possible please could you provide the name and contact details of a senior teacher at your school who could provide us with a reference.

DATA COLLECTION

STUDENT MEDICAL DETAILS

| | |
|------------------------------------|--|
| Medical Practice: | |
| Address: | |
| Telephone Number: | |
| Medical Condition(s) or Allergies: | |

STUDENT ETHNICITY/CULTURAL INFORMATION

| Please tick the box which best describes your ethnicity: | | | | | | |
|--|-------------------------|---------------------------|------------------------|------------------------|--|--|
| Black African | Black Caribbean | Chinese | Gypsy/Roma | Indian | | |
| Other White British | White English | White Irish | White Scottish | White Welsh | | |
| White and Asian | White and Black African | White and Black Caribbean | White Eastern European | White Western European | | |
| Any Other Black | Any Other White | Prefer not to say | | | | |

| | | | | | | |
|----------------|--|--------------------------|-----|--|----|--|
| Home Language: | | English Second Language: | Yes | | No | |
|----------------|--|--------------------------|-----|--|----|--|

| Please tick the box which best describes your religion: | | | | | | |
|---|-------------|-------------------|----------------|-------|--|--|
| Anglican | Baptist | Buddhist | Christian | Hindu | | |
| Jewish | Methodist | Muslim | Roman Catholic | Sikh | | |
| Other Religion | No Religion | Prefer not to say | | | | |

STUDENT TRAVEL ARRANGEMENTS

| Please tick the box which corresponds to your intended method of travelling to College: | | | | | | | |
|---|--|--------------|--|-------|--|------|--|
| Bicycle | | Bus (Public) | | Car | | Walk | |
| Car Share | | Taxi | | Train | | | |

SIGNATURE OF APPLICANT

Please sign below to confirm your application to Bristol Rovers Community Trust

Applicant's signature _____

Date _____