

*Bursary Award Scheme
Application Form*



The Beacon

Please complete this form and return to:

The Director of Finance & Operations, The Beacon, Chesham Bois, Amersham, Buckinghamshire, HP6 5PF

1. Your child's details

Surname _____

First Names (Please underline the name generally used) _____

Date of Birth ____ / ____ / ____

2. Parents' / guardians' details

This section should be completed by all those persons with legal parental responsibility for the child.

Parent/guardian 1

Title _____ Full Name _____

Occupation _____

Address _____

_____ Postcode _____

Daytime Telephone _____ Evening Telephone _____

Mobile Telephone _____ Email Address _____

Parent/guardian 2

Title _____ Full Name _____

Occupation _____

Address _____

_____ Postcode _____

Daytime Telephone _____ Evening Telephone _____

Mobile Telephone _____ Email Address _____

3. Present school

Please state the name and address of your child's current school (with dates).

_____ from _____ to _____

_____ Postcode _____

Name of Head _____

4. Your child's experiences, hobbies and interests

Please outline any of your child's artistic, dramatic, musical or sporting skills and/or experience (if applicable) together with details of his hobbies and interests.

5. Your child's wellbeing

Please provide us with details of any medical conditions (including allergies), disabilities or learning difficulties.

6. Your child's suitability

Please state briefly why you would like your son to attend The Beacon and how you think he could benefit from an education at the School.

7. Signatures of parents/guardians

First Signature _____ Second Signature _____

Name in full _____ Name in full _____

Relationship to the child _____ Relationship to the child _____

Date _____ Date _____