



# Innovation Scholarship

## 2024/25

### Application Form

**Innovation scholarships:** For internal candidates, the school now invites all parents of pupils currently in Year 6 and Year 9, to apply for an innovation scholarship. **Please complete the Innovation Scholarship Application Form below.**

For external candidates, the Admissions Office will contact the parents of registered pupils, currently in Year 6 and Year 9, explaining the criteria for the award of an innovation scholarship, inviting parents to apply, using the Innovation Scholarship Application Form. All external applicants need to have completed an admissions application ([available here](#)) prior to submitting a scholarship application.

As part of the application process, parents of internal and external candidates are required to provide evidence of their child's innovative ability, such as projects or designs and their use of technology.

If shortlisted, pupils will be invited to interview with our Senior Leadership Team within the week commencing 26<sup>th</sup> February.

**PLEASE COMPLETE CLEARLY IN BLACK INK USING BLOCK CAPITALS**

Pupil Name:
Pupil Year/Class:
Pupil House Name:
School Name:

**1. Personal Details**

Date of Birth:	Age:
Home Address:	Contact Address (if different)
Telephone Number:	Mobile Telephone Number:
Email Address:	

**2. Innovation Details**

App, product or service designed:
Number of years actively innovating or coding:
Club or group membership:
Leadership roles:
Name of Current Coding/Innovation Teacher (if you have more than one teacher, please provide details for the one with whom you have most regular contact):
Email Address:
Contact Telephone Number:

Innovation experience. Please include entrepreneurial attributes with examples of how these attributes are demonstrated:

Innovation achievements over the last two years. Please include school representation, event dates, voluntary service, contribution to your school or community:

### 3. Reference:

Please provide details of one person qualified and willing to act as referee e.g. your class teacher or lead from outside club.

Name:

Position:

Telephone Number:

Email Address:

**Declaration:**

**I certify that the information that I have stated on this application form is correct.**

Signed: \_\_\_\_\_ Parent/s

Date: \_\_\_\_\_

**Please return applications to: [tasbury@reptonalbarhsa.org](mailto:tasbury@reptonalbarhsa.org)**