

Year 12 Academic Scholarship September 2025 Entry

To be considered for a Scholarship award, if your child is not already attending the school, they will need to be registered for admission to the school.

If not already registered, please return the Registration Form and £125 registration fee with this application. Forms are available online or upon request at admissions@wisbechgrammar.com

Closing date for applications: 03 c	January 20	25		
Scholarship assessment week: w/c	27 Januar	y 2025		
Child's Full Name:				
Date of Birth:				
Child's Current School				
$\hfill\Box$ Please tick this box if your child alread to provide any further information in the 'c	•	\ -	not req	luired
If your child is an external pupil, please p reference will be sought	rovide us v	rith details of their current school, f	rom wh	ich a
Name and Address of Current School:				
GCSE Information Please list below any GCSE's being stur	died with e	ther predicted grades or results if t	taken ea	arly.
\square I have enclosed a copy of my child's most recent school report and internal examination results.				
Further Reference Name of Teacher / Coach to verify the ca	ındidate's a	cademic abilities / achievements:		
If your reference is not a member of staff information below:	from your	child's current school, please provi	de cont	act
Contact No:	Emai	:		



Year 12 Academic Scholarship September 2025 Entry

Further Information

Scholar. This is not only on their ability but also characteristics they can demonstrate to show why they would be a good role model at WGS. If you need more space, please attach documents to this application.			
Child's Parent / Guardian Information			
I wish to enter my child for a Scholarship at Wisbech Gra	ammar School		
,			
Parent Signature:	Date:		
Printed Name:	Email:		

It is important that your child fills in this section with the reasons why they believe they should be a