

APPLICATION FOR A SCHOLARSHIP (NEW STUDENT)

Name:						Date of birth:	
Applying for a place in Y	ear:	7	8	9	10	12	
Current School:							
Parent email:							
Parent phone number:_							
Address:							
What type of scholarshi	o are yoυ	ı applyi	ing fo	r? (plea	se tick	one only)	
General academic	Subject s	specific	;	Arts	G	Blobal Citizenship	Sports
Please provide a brief ov of any certifications / otl						ship may be merited ar	nd attach copie
I confirm I have read and	l agree to	o the in	form	ation pr	ovided	regarding Scholarship	os.
Signature (parent):							
Name in full:							
Date:							

Once completed, please submit to the Registrar. You may be asked for more information. You can normally expect a decision within 30 working days.