

# SCHOLARSHIP APPLICATION FORM



St John's School  
LEATHERHEAD

Candidate's surname: \_\_\_\_\_

First names: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current school: \_\_\_\_\_

I/we would like: \_\_\_\_\_ to be considered for:

Academic scholarship

Music scholarship

All-rounder scholarship

Design and technology scholarship

Art scholarship

Drama scholarship

Sport scholarship

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

Please print name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred email: \_\_\_\_\_

Telephone: \_\_\_\_\_



# TO BE COMPLETED BY CANDIDATE'S CURRENT HEAD

I confirm that: \_\_\_\_\_

is a pupil at: \_\_\_\_\_

and I support his/her application for the award/s listed on this document.

Signed: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_