

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: _____