

SCHOLARSHIP APPLICATION FORM

(Please complete in CAPITALS)

MEADOWPARK
SCHOOL and Nursery



CANDIDATE DETAILS:

Surname: _____ First names: _____

Date of Birth: _____ Male/Female: _____ Nationality: _____

Please tick the scholarship award for which you are applying:

7+ Entry into Year 3 September 2012 <input type="checkbox"/>	8+ Entry into Year 4 September 2012 <input type="checkbox"/>
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Name of current school: _____ Current year at school (e.g. Year 2): _____

Name of current headteacher: _____

Address of current school: _____

School's e-mail address: _____ School's Tel no: _____

Medical Information: *Please let us know if your son /daughter suffers from any allergies, is taking medication or has any medical condition that may affect arrangements during the assessment day.* _____

Candidate's particular strengths that you would like to bring to our attention: _____

PARENT DETAILS:

Parent's Title: _____ Initials: _____ Surname: _____

Address: _____

Home Tel no: _____ Work/Mobile Tel no: _____

E-mail address: _____

Please sign to confirm that if your child is offered a Scholarship to Meadowpark School you have every intention of accepting the award. (If there are very good reasons why you cannot do this, please notify the headteacher so that all relevant information is taken into account in awarding of scholarships).

Signed: _____ Name of Parent: _____

Date: _____

Deadline for applications for scholarships is Wednesday 15th February 2012.