

Drama Scholarship

	Application Form	
Candidate's surname:		
Candidate's forenames:		
Current School:		
Name of Drama Teacher(s):		
Contact number/email for above:		
Type of Drama Scholarship: (please t	ick)	
☐ Year 9 (13+)	☐ Sixth Form (16+)	Other year of entry
We understand that students may have h yet still show promise. Please fill in detai We are keen to make awards based on po	ls about relevant experience of drama	a including any examinations taken.

Please continue overleaf

Please tell us why yo	ou think you should be a Drama Schola	r: (For the candidate to complete)
If you have any ques Admissions Office fo	tions concerning the completion of this or guidance.	application, please contact the
By submitting this for referee to support the	orm I agree for Stamford Endowed Sc nis application.	chools to contact the above named
Signed: (Parent/Guardian)	Print:	Date: