

Please continue overleaf

## Music Scholarship

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Candidate's sur	name:			
Candidate's fore	enames:			
Current School:				
Name of Music	Teacher:			
Contact number	e/email for above:			
Type of Music S	scholarship: (please tick)			
Year 7	Year 9	☐ Sixth Form	Other year of entry	
	oromise. Please fill in details er than grade standard.	about relevant experience. V	Ve are keen to make awards based on	

Intrument/s (or voice) you wish to pla	y at the Scholarsl	nip Audition, with grades: (if applicable)
Instrument		Grade
Please tell us why you think you shou	ıld be a Music Sch	nolar: (For the candidate to complete)
If you have any questions concerning Admissions Office for guidance.	the completion o	f this application, please contact the
By submitting this form I agree for S referee to support this application.	Stamford Endow	ed Schools to contact the above named
Signed: (Parent/Guardian)	Print:	Date: