

Sports Scholarship

	— Applica	tion Form	
Candidate's surname: _			
Candidate's forenames:			
Current School:			
Name of Head of Sports	S/Sports Coach:		
Contact number/email f	or above:		
Type of sports scholarsh	nip: (please tick)		
Year 9	□ Sixth For	m	• Other year of entry
Sport		Name of teams	clubs
			(Please use a separate sheet if necessary)
Please indicate any nota	ble sporting achieveme	ents (including	representative/comparable levels):
Positions of responsibili	ty held (captain, prefec	t):	
			Please continue overleaf

Admissions Office, Southfields House, St. Paul's Street, Stamford, Lincolnshire, PE9 2BQ | Registered Charity Number. 527618 Telephone. +44 (0) 1780 750 311 | Email. admissions@ses.lincs.sch.uk | stamfordschools.org.uk

ase tell us why you think you should be a Sports Scholar:	(For the candidate to complete)
his application will be reviewed and shortlisted candidates the scholarship assessment.	only will be invited to take pa

If you have any questions concerning the completion of this application, please contact the Admissions Office for guidance.

By submitting this form I agree for Stamford Endowed Schools to contact the above named referee to support this application.

Signed:	Print:	Date:
(Parent/Guardian)		

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