

Talented Athlete Development Award

Year 7 Application Form

Candidate's surname:	
Candidate's forenames:	
Current School:	
Name of Head of Sports/Sports Coach:	
Contact number/email for above:	
Sport	Name of teams/clubs
	(Please use a separate sheet if necessary)
Please indicate any notable sporting achieve	ements:
Positions of responsibility held (captain, pre	efect):
	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 Please tell us why you think you should receive our Talented Athlete Development Award:

(For the candidate	to complete)
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(For	r the candidate to complete)
* This application will be reviewed and shortlisted candidates only will be invit in the assessment.	ted to take part
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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