Drama Award

Surname of candidate

First names

Date of birth

dd/mm/yyyy

Name and address of present school

Signature of Head

Name of teacher best qualified to comment on the candidate's dramatic ability and experience

His/her address if different from school

Entry Year

☐ Year 9 ☐ New

☐ Year 12 ☐ Continuation (Sixth Form Only)

☐ Increase (Sixth Form Only)

Have you applied for scholarships elsewhere and if yes, what is your order of preference?

Registration

If the candidate has not already been registered for King's Ely, please return the registration form and £120 registration fee with this application.

Closing dates for applications

Please refer to the website – www.kingsely.org/senior-scholarships

Please return this form to:

Admissions Department
King's Ely
Cambridgeshire
CB7 4EW **or email it to:** admissions@kingsely.org

I wish to enter my son/daughter/ward for a Drama Award at King's Ely.

Name of parent or guardian

Address

Email

Daytime telephone

Home telephone

Signature of parent or guardian

Date