

Music Scholarship

2019/20

Application Form

## PLEASE COMPLETE CLEARLY IN BLACK INK USING BLOCK CAPITALS

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| --- | --- |
| **Pupil Year/Class:** | |
| **Pupil House Name:** | |
| **Pupil Name**: |

# 1. Personal Details

|  |  |
| --- | --- |
| Date of Birth: | Age: |
| Home Address: | Contact Address (if different): Boarder? |
| Telephone Number: | Mobile Telephone Number: |
| Email Address: | |

## 2. Music Details

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| Chosen Musical Instrument: |
| Number of years playing this instrument: |
| Current Music Club: |
| Other musical talent: |
| Name of Current Music Teacher (*if you have more than one teacher, please provide details for the one with whom you have most regular contact*):  Email Address:  Contact Telephone Number: |
| **Musical ability** (*please include performances, orchestras, competition dates, concerts, choirs as appropriate*):  State Your ABRSM Performance Examination Level: |

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| **Sporting achievements** over the last two years (*performances, orchestras, competition dates, concerts, choirs as appropriate and contribution to music at Repton*): |
|  |

**5. Reference:**

|  |  |
| --- | --- |
| Please provide details of one person qualified and willing to act as referee e.g. coach, sports organisation or teacher | |
| Name: | Name: |
| Position: | Position: |
| Telephone Number: | Telephone Number: |
| Email Address: | Email Address: |

**Declaration:**

**I certify that the information that I have stated on this Application Form is correct.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return To:** headmasterspa@reptondubai.org

##### CLOSING DATE 28th February 2019