

 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

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| --- | --- |
| 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*):  |
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**5. Reference:**

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| 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