

Sport Scholarship

2019/20

Application Form

## PLEASE COMPLETE CLEARLY IN BLACK INK USING BLOCK CAPITALS

|  |  |
| --- | --- |
| **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: | |
| Height: Weight: | |

## 2. Sporting Details

|  |  |  |
| --- | --- | --- |
| Chosen Sport: | | |
| Number of years participating in this sport: | | |
| Current Club: | | |
| Playing Position: | | |
| If you compete in an individual sport – please complete the following:-  Event/Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Best/Rank/Handicap: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Name of Current Coach (*if you have more than one coach, please provide details for the one with whom you have most regular contact*):  Email Address:  Contact Telephone Number: | | |
| Playing / Performance Level: *Please tick the appropriate boxes to show all the level(s) at which you have represented your sport.* | | |
| LEVEL | TICK | Supplementary Information *e.g. age group, level of team (e.g.1st XI), competitions, and in what year(s), whether in team or squad and number of times selected if appropriate.* |
| School Team |  |  |
| Club Team |  |  |
| Regional Squad |  |  |
| Age Group Squad |  |  |
| Representation at regional/UAE level |  |  |
| **Sporting ability** (*please include personal best performances, finishing, competition dates as appropriate*): | | |

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| **Sporting achievements** over the last two years (*please include personal best performances, finishing positions, competition dates as appropriate and contribution to sport at Repton*): |
|  |

**5. Reference:**

|  |  |
| --- | --- |
| Please provide details of one person qualified and willing to act as referees 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