



St John's School
LEATHERHEAD

SCHOLARSHIP APPLICATION FORM

Candidate's surname: _____

First names: _____

Preferred name: _____ Date of birth: _____

Current school: _____

I/we would like: _____ to be considered for:

Academic scholarship*

Music scholarship

All-rounder scholarship

Design and engineering scholarship

Art scholarship

Drama scholarship

Sport scholarship

Signed: _____ Date: _____

Please print name: _____

Address: _____

Preferred email: _____

Telephone: _____

* All Lower Third (11+) and Lower Sixth (16+) candidates are considered for an academic scholarship

ALL-ROUNDER SCHOLARSHIPS

All-rounder candidates are expected to be able to demonstrate their potential to offer leadership and strength to the all-round life of the School in two disciplines (please indicate which).

- Art**
- Design and engineering**
- Drama**
- Dance**
- Debating or public speaking**
(please indicate which)
- Sport** *(please indicate two sports)*

- Music** *(please specify two instruments)*

- Other:**

SPORT SCHOLARSHIPS

All applications should be accompanied by a 'sporting CV'. This should include the following:

- Details of achievements and successes
- Current club and team memberships
- Named referees (with contact details) who are appropriately qualified teachers/coaches

For each candidate a maximum of two sports will be considered on the scholarship assessment day. Please list below your two chosen sports:

Sport 1:

Please indicate the current level this sport is played at:

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> School | <input type="checkbox"/> County |
| <input type="checkbox"/> Regional | <input type="checkbox"/> National |

Sport 2:

Please indicate the current level this sport is played at:

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> School | <input type="checkbox"/> County |
| <input type="checkbox"/> Regional | <input type="checkbox"/> National |

TO BE COMPLETED BY CANDIDATE'S CURRENT HEAD

I confirm that: _____

is a pupil at: _____

and I support his/her application for the award/s listed on this document.

Signed: _____

School: _____

Address: _____

Email: _____

Telephone: _____

PLEASE ENSURE THIS FORM IS RETURNED TO THE ADMISSIONS REGISTRAR AT ST JOHN'S, TOGETHER WITH THE APPLICATION FEE OF £50 PER SCHOLARSHIP, BY THE DEADLINE SHOW BELOW:

15 October: Lower Sixth (Year 12) entry

1 November: Lower Third (Year 7) entry

15 December: Fourth Form (Year 9) entry

T: 01372 373000 **E:** admissions@stjohns.surrey.sch.uk **W:** stjohnsleatherhead.co.uk

Registered Charity No: 312064

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