

## SCHOLARSHIP APPLICATION FORM - 11+, 13+, 16+

<b>Pupil Name:</b>		<b>Date of Birth:</b>	
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<b>Scholarship Applying For:</b>	
<b>Current School:</b>	

<b>Parent/ Guardian Name:</b>		
<b>Address:</b>		
<b>Telephone Number:</b>	Home:	Mobile:
<b>Email:</b>		

I have emailed all relevant documentation as requested by the department according to the scholarship brochure:

**Signed:** .....

**Name:** ..... (please print)

**Date:** .....

All applications should be returned to the Admissions Department by **Friday 25<sup>th</sup> October 2024**.

Admissions Department, Ewell Castle School

[admissions@ewellcastle.co.uk](mailto:admissions@ewellcastle.co.uk)