Stamford Endowed Schools
independent schools for independent minds

Drama Scholarship

Application Form

Candidate's surname: _____

Candidate's forenames: _____

Current School: _____

Name of Drama Teacher(s): _____

Contact number/email for above: _____

Type of Drama Scholarship: *(please tick)*

❑ Year 9 (13+) ❑ Sixth Form (16+) ❑ Other year of entry

Experience:

We understand that students may have had a varied experience in drama, may not have taken examinations and yet still show promise. Please fill in details about relevant experience of drama including any examinations taken. We are keen to make awards based on potential talent rather than grade standard.

Please continue overleaf

Please tell us why you think you should be a Drama Scholar: *(For the candidate to complete)*

If you have any questions concerning the completion of this application, please contact the Admissions Office for guidance.

By submitting this form I agree for Stamford Endowed Schools to contact the above named referee to support this application.

Signed: _____ **Print:** _____ **Date:** _____
(Parent/Guardian)