Art Award

Surname of candidate

First names

Date of birth

dd/mm/yyyy

Name and address of present school

Have you applied for scholarships elsewhere and if yes, what is your order of preference?

New

Signature of Head

Name of teacher best qualified to comment on the candidate's artistic ability and experience

His/her address if different from school

Registration

Entry Year

Year 9

Year 12

If the candidate has not already been registered for King's Ely, please return the registration form and ± 100 registration fee with this application.

Closing dates for applications

Please refer to the website - admissions/scholarships

Please return this form to: Admissions King's Ely Cambridgeshire CB7 4EW

I wish to enter my son/daughter/ward for an Art Exhibition at King's Ely.

Name of parent or guardian

Daytime telephone

Address

Home telephone

Signature of parent or guardian

Date





Email