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|  | APPLICATION FORMYEAR 9 SHANE LALANI SPORTS SCHOLARSHIP |

***All external applicants must also submit the standard school entry application forM.***

***INTERNAL AND EXTERNAL APPLICANTS:*** Please return the completed form with all relevant references and recommendations to Mrs Claire Williams, Head of Admissions, via admissions@claremont.surrey.sch.uk.

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| **Pupil’s name (first name and surname):** |  |
| **Pupil’s date of birth:** |  |
| **Pupil’s current school:** |  |

**Details of relevant club, society, or association memberships/affiliations:**

| **Name of club/society/association:** | **Date joined (DD/MM):** | **Date left (DD/MM) or ONGOING:** | **Overview of contribution and achievements:** |
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If you wish to supplement this scholarship application with relevant references from applicable club, society, or association memberships/affiliations, please supply the referee details below. All confidential references should be returned direct to Mrs Claire Williams, Head of Admissions, admissions@claremont.surrey.sch.uk and include the pupil’s name and DOB.

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|  | **Referee Name:** | **Organisation:** |
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| 2 |  |  |
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**Pupil Statement - to be completed by the applicant (pupil):**

*Please write below about your interests and outside activities relevant to your scholarship application, including a little about your possible contribution to the school and future aspirations.*

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| **Pupil Signature:** |  |
| **Date:** |  |

I understand that if this application is successful, my child will be offered a scholarship until the end of Year 11. I also recognise that the scholarship is awarded at the discretion of the headmaster. I understand that the continuation of the scholarship is subject to satisfactory progress and the upholding of the character and behaviour standards required by the school (further details are included in the scholarship criteria).

# Acceptance of above information by parent/guardian:

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent Name:** |  | **Parent Email:** |  |
| **Parent Signature:** |  | **Date:** |  |

**Please return this form to Mrs Claire Williams, Head of Admissions via** **admissions@claremont.surrey.sch.uk****.**

**Please contact the Admissions Team with any queries on 01372 473794.**