## Academic Scholarship

Surname of candidate	Entry Year
	Year 9 New
First names	Continuation
	Year 12 (Sixth Form Only)
Date of birth	Increase
dd/mm/yyyy	(Sixth Form Only)
Name and address of present school	Have you applied for scholarships elsewhere and if yes, what is your order of preference?
Signature of Head	Registration
	If the candidate has not already been registered for
	King's Ely, please return the registration form and £100 registration fee with this application.
All candidates for academic scholarships	Closing dates for applications
must sit King's Ely's own scholarship	Please refer to the website – admissions/scholarships
examination	Please return this form to:
	Head of Admissions
	King's Ely Cambridgeshire
	CB7 4EW
I wish to onton my son /daughten/wand for an	Academic Scholarship at King's Ely
I wish to enter my son/daughter/ward for an	
Name of parent or guardian	Daytime telephone
A.11	Home telephone
Address	Tionie telephone
	Signature of parent or guardian
	Signature of parent of guardian
Email	
	Date