## Music Scholarship

Surname of candidate	Entry Year	
	Year 9	KING
First Names		ELY
	Year 12	
Date of Birth dd/mm/yyyy		
Name and address of present school	7	
Name of Head Teacher	7	
Name of teacher best qualified to comment on the candidate's musical ability and experience	7	
His/her address if different from school	7	
Registration	W. J. El. I	ı: C
with this application.	King's Ely, please return the registration form and £100 registr	ration fee
Closing dates for applications Please refer to the King's Ely website – admissions A	/ scholarships page.	

## There are three parts to this form-

- **Part A** To be completed by the Candidate's Parent(s) / Guardian(s).
- Part B To be completed by the Candidate's Music Teacher\* External Applicants only
- Part C To be completed by the Head of Candidate's present school \* External Applicants only

NB: After Part A has been completed by the Parent/Guardian, the entire form must then be passed on to the candidate's current school to be completed. The school will then forward the form to the Head of Admissions at King's Ely.



Please tell us if singing and/or instrumental lessons have been taken, as this information will be helpful. Please note that lessons are NOT a prerequisite for an audition.

	First Instrument	Second Instrument	Third Instrument
Name of Instrument (or voice)			
How long have lessons been taken?			
Last grade examinations detail (mark, grade, date).			
Approximate grade, if no examination taken.			
Preference order for Music Scholarships:			_
If the Candidate is sitting for other music scholar King's Ely and other schools.  Where more than one choice is made it is essentia form, and that the order is the same on all applica may be declared null and void. If only one choice Scholarships at other schools.	l that all the schools	applied to are shown in	n order of preference on the mplied with, the application
First Choice:			
Second Choice:			
Third Choice:			
Will the candidate subsequently sit: (Please Academic Scholarship STEM Scholarship	Yes / No	)	
Art Scholarship	Yes / No	)	
Sport Scholarship	Yes / No	)	
Drama Scholarship	Yes / No	)	
Ely Cathedral Girl Choristership	Yes / No	)	
Other (Please specify)			
I wish to enter my son/daughter/ward for a	Music Scholarship	oat King's Ely.	
Name of parent or guardian	Daytime te	lephone	
Address	Home tele	phone	
	Signature o	of parent or guardian	
Email address			

Date

 $musical\ ability, experience\ and\ potential.\ \textbf{FOR}\ \textbf{EXTERNAL}\ \textbf{APPLICANTS}\ \textbf{ONLY}$ Name of Candidate Signature of Music Teacher Teacher's Full Name and Position  $(full\,name\,including\,title\,and\,initials)$ Date

Part B: - To be completed by the candidate's Music Teacher(s) giving an assessment of the candidate's

## Part C: - To be completed by the Head of Candidate's present school by providing a report on the candidate. FOR EXTERNAL APPLICANTS ONLY Name of Candidate Signature of present school's Head $School \'s \ Head \ (full \ name \ including \ title \ and \ initials)$ Please return the complete form to: Head of Admissions

King's Ely Cambridgeshire CB7 4EW

Date