STEM Award

Surname of candidate	Entry Year	KINC
	Year 9 New	EL
First names	_	
Date of birth	_	
dd/mm/yyyy		1 : C
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 reg	gistered for
Name of teacher best qualified to comment on	King's Ely, please return the registratio	
the candidate's STEM ability and experience	£100 registration fee with this application	on.
	Closing dates for applications	
His/her address if different from school	Please refer to the website – admissions/scholarships	
	Please return this form to:	
	Head of Admissions	
	King's Ely	
	Cambridgeshire	
	CB7 4EW	
I wish to enter my son/daughter/ward for a	STEM award at King's Ely.	
Name of parent or guardian	Daytime telephone	
Address	Home telephone	
	Signature of parent or guardian	
Email	_	
	Date	

