

SCHOLARSHIP EXAMINATION APPLICATION FORM

2024 entry

Candidate's name in full:	
Date of birth:/ Candidate's present school:	
Mother/legal guardian details Name:	Father/legal guardian details Name:
Address:	Address: same as Mother's address (please tick)
Email:	Email:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (mobile):	Phone (mobile):
Old Guildfordian relationship	
Name: Years: _	House:
Scholarship Nomination	
I wish to nominate my child to be considered for the following Scholarships (please tick appropriate box/es)	
D'arcy Slater Scholarship Music Open Schola	arship A R Mackewn Scholarship
Council Scholarship Music Instrumenta	_
Harry Campbell Pope Scholarship Choral Scholarship	
Declaration	
I/We agree that if the above named is successful in obtaining a Scholarship at Guildford Grammar School, and I agree to accept this scholarship offer, he/she will enter the School at the beginning of Term 1, commencing 2023	
Signed: Father or legal guardian: Date:	
Mother or legal guardian: Date:	
	rsonal reference Portfolio received:
	th certificate/ ndidate testimonial