# Scholarship Application Form

LGS STONEYGATE

Please complete this form and return to:

Mrs Sally Mullings, LGS Stoneygate

6 London Road, Great Glen,

Leicestershire LE8 9DJ

E: mullingss@lgs-stoneygate.org.uk T: 0116 259 2282

**Child's Name** _____

**Child's Address** _____

_____

**Child's Current School** _____

**Scholarship applying for:** *(please circle)*

| | | |
|---|---|---|
| Academic | Year 7 | Year 9 |
| All Rounder | Year 7 | Year 9 |
| Art | Year 7 | Year 9 |
| Music | Year 7 | Year 9 |
| Sport | Year 7 | Year 9 |

**Please tell us a little about yourself and why you are applying for this Scholarship:**

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**Please tell us about any school-based activities you have been involved with that are relevant to your Scholarship choice:**

**Please tell us about any activities outside of school that you have been involved with that are relevant to your Scholarship choice, including any awards:**

**Is there anything else, relevant to your Scholarship, that you would like to tell us about?**

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**Applicant's signature** _____

**Parent's signature** _____

**Date** _____