



ST JOSEPH'S SCHOOL, LAUNCESTION
Application Form for
JUNIOR SCHOLARSHIP EXAMINATION

SATURDAY 15th January 2011

Junior Academic Scholarship

Scholarship awards recognise talent and achievement and Junior Academic Scholarships are worth £600 per annum.

Please tick the appropriate box of the scholarship examination you would like your son/daughter to enter;

7+ [] 8+ [] 9+ [] 10+ []

Full Name of Candidate
.....

Date of Birth:

Name/address of parent/guardian to whom correspondence should be sent:

Name:

Address:
.....
.....

Post Code: Telephone numbers:.....

Email address:.....

Present School:.....

I would like my son/daughter to sit the St Joseph's Junior Department Scholarship examination. I have read the section on scholarships in the supplement to the prospectus. I understand that if my son/daughter is offered a scholarship, I shall not enter him/her for any other scholarship examination without prior consultation with the Head of St Joseph's. The Scholarship will be reviewed annually.

Signature of Parent/Guardian

Date:

Under the terms of the Special Educational Needs & Disabilities ACT 2001, we are required to ask you if your son/daughter has any educational, physical or medical disability. Please tick box where applicable. YES [] NO []. If yes, please would you attach all relevant information to this form.