

MUSIC SCHOLARSHIP APPLICATION FORM

Candidate's name				Date of Birth		
Present school						
Home address						
Home telephone	Work telephone					
Email						
Date of proposed en	try to Ipswich School					
Please give details of Instrument(s) and Grades passed, with details of marks and dates below						
Instrument	Grades passed		Ma	rk	Date taken	
If no examinations taken, please indicate approximate grade on each instrument and for how long lessons have been taken						
Details of orchestral, choral and other musical experience						
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Please attach a reference from your son/daughter's principal study (instrumental or vocal) teacher.