



Application for Sport Scholarship

Section A: to be completed by the applicant's parent

Please provide a sport CV detailing your child's sporting achievements to date including the level of representation. Please be sure to include:

- All sports played
- Name of teams/clubs
- Representative honours
- Outstanding achievements

		FROM	TO	Details
Sports Played				
Name of teams/clubs				
Representative honours				

Other achievements and supporting information

Section B (to be completed by the candidate's PE teacher or coach)

Please provide below, a short report on the pupil named who wishes to be considered for a Sports Scholarship at Hydesville Tower School. It would be helpful if you could comment on the following:

- Your pupil's current ability (level of performance)
- The sports he/she participates in
- Possible potential
- General commitment to sport (including enthusiasm for practices and games)
- Suitability to be assessed for this scholarship
- Any other areas you feel relevant

Pupil's name:

Teacher's name (BLOCK CAPITALS PLEASE)

Signature:

Date:

Thank you for your interest in applying for a Sports Scholarship. On receipt, we will acknowledge your application and provide further details of the Sports Assessment Day (taking place on Monday 16th January and Tuesday 24th January 2017. You will only be required to attend on one day). Should you have any questions concerning this application, these should be addressed to: Mr Lawrence, Director of Sport, Hydesville Tower School, via email: matthew.lawrence@hydesville.com or tel: 01922 624374.

DEADLINE FOR SUBMISSION IS Friday 2nd December 2016.

Please print out and complete the application form and return either via email to Christine.phillips@hydesville.com or via post to Christine Phillips, Admissions Manager, Hydesville Tower School, Walsall, WS1 2QG.

Section C: to be completed and signed by the applicant's parent

On the Sports Assessment Day, your child will also participate in a variety of basic fitness tests during the course of the morning. Please complete the details below and return with your application.

Does your child have any medical conditions? YES / NO (delete as appropriate)

If YES, please provide details, including medication: _____

Declaration: I should like my son/daughter to be considered for a sports scholarship and understand that he/she will be assessed in at least two sports and on his/her fitness levels.

I give permission for him/her to be taken off site, by bus, should it be required. I confirm that my child will bring any medication required to the sports scholarship day.

Parent signature _____ Date _____