



SOLIHULL

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(Not required
for internal
candidates)**

**THEATRE ARTS SCHOLARSHIP
APPLICATION FORM**

Applicant's Details

Surname: _____ Date of Birth: _____

Forename: _____ Form: (Internal applicants only)

Current School: _____

This scholarship is only available in the Sixth Form.

Applicant's Theatrical Experience

Please list below any significant productions from the last 5 years.

Production and Date	Role	Venue	Producing Group

Please give below any other information which might be helpful e.g. drama certificates or exams, public speaking competitions, theatre going, other relevant achievements and activities:

Applicants should arrange a reference from their drama teacher and/or the director of one of the above productions: Reference enclosed

Shortlisted candidates will be invited to a drama workshop and interview for assessment.

Parental Details

Name of parent(s) or guardian(s):

Contact email for parent(s) or guardian(s):

Contact phone number for parent(s) or guardian(s):

Signature of parent or guardian:

Date:

External applicants must also complete a Registration Form.

Please return completed forms to:

Admissions Registrar, Solihull School, Warwick Road, Solihull, West Midlands, B91 3DJ. Tel: 0121 705 4273