

DANCE SCHOLARSHIP APPLICATION FORM

STUDENT NAME					
DATE OF BIRTH					
CURRENT SCHOOL					
NAME OF PARENT					
DAYTIME CONTACT NUMBER					
EMAIL ADDRESS					
DANCE EXPERIENCE:					
Style of Dance	Amount of time you have been learning the style (months & years)			Current Grade (if applicable)	
	ine style (monins & years)				
PERFORMANCE EXPE	ERIENCE:				
Event Title & Venue		Date/s		Role	
BRIEFLY STATE WHY Y	OU THINK TH	IAT YOU WOULD BE	SUITABLE	FOR THE DANCE SCHOLARSHIP:	
Signature of Parent	••••			Date	

Please return the completed form via post or scan to the Admissions Office (admissions@rbcs.org.uk). Thank you.