

DRAMA SCHOLARSHIP APPLICATION FORM

STUDENT NAME		
DATE OF BIRTH	CURRENT SCHOOL	
NAME OF PARENT		
DAYTIME CONTACT NUMBER		
EMAIL ADDRESS		
APPLICATION FOR: ACT	ING	TECHNICAL THEATRE
LAMDA GRADE EXAMS, IF APPLI	CABLE:	
GRADE	DATE TAKE	N RESULT
PERFORMANCE RECORD:		
PRODUCTION TITLE & VENUE	DATE	ROLE
BRIEFLY STATE WHY YOU THINK T	HAT YOU WOULD BE S	UITABLE FOR THE DRAMA SCHOLARSHIP:
Signature of Parent		Date

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