

Please return completed form in an envelope marked **PRIVATE AND CONFIDENTIAL** to

Registrar, Gosfield School, Cut Hedge Park, Halstead Road, Essex CO9 1PF

## **Useful Contact Information**

Gosfield School, Cut Hedge Park, Halstead Road, Gosfield, Essex CO9 1PF

- +44(0)1787 474040
- www.gosfieldschool.org.uk
- registrar@gosfieldschool.org.uk

A not for profit charity. 100% of income is invested for the benefit of the pupils of the school. Registered Charity No: 310871.



A co-educational independent through school



## **Prep Academic Scholarship Form**

## SCHOLARSHIP APPLICANTS DETAILS Full names Date of birth **Current School** Year of Entry Please tell us briefly why you would like your child to be considered for this Award:

Please detail any related awards, prizes or grades your child has received:	
PARENT/GUARDIAN By completing the info our Scholarship Day.	N DETAILS  ormation below you are providing us with your consent for your child to take part in
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Relationship Mother/Father/Guardian)	
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mail Address	
Signature	D D M M Y Y Y Y