

# SCHOLARSHIP APPLICATION FORM

Please complete this form and email to: Beth Norman, Learning Manager by 24 August 2020  
[beth.norman@thegarage.org.uk](mailto:beth.norman@thegarage.org.uk)

## **PERSONAL DETAILS**

Please enter your full, legal name.

Title                      First name                                      Middle name(s)

Surname                                      Other names

Address

Postcode

Phone No.

D.O.B.

Email

## **EDUCATION/WORK**

If you are studying or working, please tell us what and where:

## **PERFORMING ARTS FOUNDATION PROGRAMME**

Have you already submitted an application for the Performing Arts Foundation Programme at The Garage?

Yes                      No

If you ticked **yes**, please specify which pathway:

## **SCHOLARSHIP DETAILS**

What scholarship are you applying for?

Please describe how you meet the criteria for the scholarship you are applying for:

I understand that by signing this form I certify that the information I have provided is complete and accurate:

**Signature:**

**Date:**