Application for Admission to -25

incorporating the Ilkley Town AFC Football Scholarship Program

Surname:	Other Names:	
Address:	Date of Dist	
	Date of Birth:	
Postcode:	Form Group:	
Tel number (home):	(mobile):	
Email address:		

(external applicants only)
Present School:

Address:

GCSEs to be taken in Y11	Predicted Grades		
	•		
Hobbies/interests/extra-curricular activities:			
Please give details of any health issues or SEND:			
L			
If you are applying to take part in the likley Town AFC Football Sch	nolarship Program,		
please tick here and complete the section below:			
Details of footballing achievements (eg Teams represented, awards, pos	itions of responsibility etc)		
Current sporting/training commitments:			
Name of coach/person who can provide a reference:			
Are you applying to alternative post 16 education providers?	Yes/No		
If yes, please give details:			
Signature of student:	Date:		
Name of a growt/grounding			
Name of parent/guardian (block capitals please)			
	Date		
Signature of parent/guardian:	Date:		

Please return your completed application form to the Bradford Road, Menston LS29 6AE or by email to j.andrews@stmarysmenston.org