

HIGH SCHOOL

BURSARY AWARD ACCEPTANCE FORM

Surname of Pupil	
First Names	·
Date of Birth	·
Details of Bursary Accepted	
DECLARATION	
I have read and I agree the Award Terms and Conditions enclosed and understand they may undergo reasonable change from time to time as circumstances require. I accept the offer of a Scholarship/Bursary as set out in the Letter of Offer.	
Each of those with parental responsibility to sign and complete below:	
First Signature	Second Signature
Name in full	Name in full
Relationship to the Child	Relationship to the Child
Date	Date

