

HIGH SCHOOL

## SCHOLARSHIP AWARD ACCEPTANCE FORM

Surname of Pupil			
First Names			
Date of Birth			
Name of Scholarship Award(s) Accepted (List all)		/	
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 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	

