



**HULL  
COLLEGIATE  
SCHOOL**

**SCHOLARSHIP APPLICATION**

Type of Scholarship (if required please state in order of preference i.e. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice)

Academic  Music  Sport  Art

Name .....

Date of Birth ..... Age ..... Year Group on Entry .....

Present School .....  
.....

Present Headteacher .....

Parents'/Legal Guardians' Names .....

Address .....  
.....  
.....

Telephone Number(s) .....

Please enter my son/daughter for the Scholarship Examination

Signed ..... Date .....

*Please return to: The Registrar, Hull Collegiate School, Tranby Croft, Anlaby, Hull HU10 7EH*