



PAUL STEWART SCHOLARSHIP

Please use one child per application form and complete in BLOCK CAPITALS – Many thanks.

APPLICANTS FULL NAME.....

D.O.B..... BOY/GIRL

PARENT NAME(S).....

HOME ADDRESS

.....

.....POST CODE.....

TELEPHONE NOMOBILE NO.....

(The above mobile number and email address below will be used for all text alerts and notices regarding the Scholarship)

EMAIL ADDRESS.....

PLEASE TICK CLASSES CURRENTLY TAKEN:

DANCE

ACRO

BALLET

TAP

MUSICAL
THEATRE

DUDES

ACRO
SQUAD

STATEMENT BY PARENT AS TO HOW THE SCHOLARSHIP WILL BENEFIT YOU AS A FAMILY:

.....

.....

.....

.....

DESCRIPTION BY PARENT AS TO HOW THE SCHOLARSHIP WILL HELP YOUR CHILDS TRAINING & DEVELOPMENT:

.....

.....

.....

All about ME!

Please use this page to
tell CADA STARS
all about you ...



FULL NAME

NICKNAME (If you have one).....

FAVOURITE SONG

FAVOURITE SINGER/GROUP

FAVOURITE ACTOR/ACTRESS

FAVOURITE FILM

FAVOURITE TV PROGRAMME

FAVOURITE COLOUR

FAVOURITE FOOD

DO YOU HAVE ANY PETS?

DO YOU HAVE ANY BROTHERS OR SISTERS?

HOBBIES.....

.....

.....

THREE WORDS THAT BEST DESCRIBE YOU ARE:

1..... 2..... 3.....