



# DE NEUMANN MATHEMATICS SCHOLARSHIP APPLICATION FORM

## APPLICANT'S DETAILS

Name:

Date of Birth:

Name of Parent(s)/Guardian(s):

Address:

Postcode:

Contact Number:

Email:

## CURRENT SCHOOL

School Name:

Current Year Group:

## ACADEMIC ACHIEVEMENTS

Any examination results or predictions (11+, Common Entrance or GCSE):

**To be completed by the Applicant**

Describe why you should be awarded a De Neumann Scholarship, including any supporting information about your achievements and experience.

*Please attach any further evidence to support your application (e.g. recommendation from a teacher).*

**ALL APPLICANTS**

Other information you may wish to be considered (i.e. hobbies and interests):

Date of Application:

Please ensure applications are complete and return to [admissions@royalhospitalschool.org](mailto:admissions@royalhospitalschool.org) or post to the Admissions Office, Royal Hospital School, Holbrook, Ipswich, Suffolk, IP9 2RX along with any accompanying documents.

**Scholarship applicants must also complete the Registration Form included in the prospectus pack.**