

First Name:	
Surname:	
Date of birth:	
Gender:	
Home address inc. postcode:	
Telephone number:	
Email:	
Name and address of current school inc. postcode:	

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Section A: To be completed by applicant's parent
Name of instrument/theory examination
Duration of lessons undertaken
Most recent grade achieved
Descrit Data
Result Date
Examination Board

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Pieces to be performed at audition:

Title:		Composer:	
Title:		Composer:	
Please p	provide a copy of ea	ch accompanime	ent or solo piece.
experience	information or musical in	orchestras, bands, et	about your child's c.), experience of singing, e relevant (use a separate
	Support	ting Information	

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Section B - to be completed by applicant's instrumental/music teacher

Please provide below, a short report on the child named who wishes to be considered for a

Music Scholarship at Long Close School. It would be helpful if you could comment on the following:

- pupil's current ability (level of performance)
 - possible potential
- general commitment to music (including enthusiasm for practice)
 - suitability for audition for this award
 - any other areas you feel are relevant

T	
Teacher's name (BLOCK CAPITALS PLEASE)	
C!	
Signature:	
Date:	
Date:	

DEADLINE FOR SUBMISSION is Monday 2nd December 2024. Please submit your completed application form via email to: admissions@longcloseschool.co.uk. If you have any queries, please call us on: 01753 520095.

Next steps:

We will notify you if your child has been shortlisted to attend the Scholarship Assessment Day. This will take place on Friday 24th January 2025.

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