





## **Application Form**

Personal details (please use block capitals)					
Given names:		Date of birth: Sex:			
Family name:					
Address:		School/college:			
Postcode:		Address of school/college:		l/college:	
Telephone:		Postcode:			
Email:					
Warwick Application Details					
Year of entry:				Office use only	
Proposed course:			Offer:		
UCAS number:					
Course code:					
Scholarship Application Details					
Type (tick one):	Keyboard □ Instrumental □	-	gan □ oral □		
Voice type/instrume	ent:				
Reference or how vo	on heard of us:				

Musical Experience In the space below, please give full details of the instruments you play, your Associated Board or other music examination results, your membership of any ensembles, and details of your musical activities at your most recent place of education.				
Signature of applicant:				

## References

Please give the attached reference form to your Director of Music, music teacher, or another person qualified to write about your musical abilities. Ask them to fill it out and return to the address supplied.

Please post or fax this form to the following address/number before 10th February in your proposed year of entry:

Scholarship Auditions, Music Centre, Arts Centre, University of Warwick, Coventry, CV4 7AL Fax: 024 7652 8136

If you have a downloaded version you can email it to: music.centre@warwick.ac.uk

Please email us if you have any queries or call: 024 7652 3799







## Reference Form

Referee details		
Full name:	Relationship to applicant:	
Position: Work Address:	How long you have known the applicant:	
Postcode:		
Reference for		
To the best of my knowledge the information given is accurate. Signature of referee:		
Date:		

Please post or fax this form to the following address/number before 10th February in the candidate's proposed year of entry:

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