

# WOAPA Scholarship application Form

**DEADLINE: SATURDAY 8<sup>th</sup> March 2025**  
**Please complete BOTH sides of this form**

<b>Student Name</b>	
<b>Address</b>	
<b>D.O.B.</b>	
<b>Parent/ Guardian Name</b>	
<b>Parent/ Guardian EMAIL</b>	
<b>TEL:</b>	

***(Student) ..***

***please tell us in your OWN words***

***why you feel you should be awarded a WOAPA scholarship:***

*I would like a scholarship to WOAPA because: (max 100 words)*

**PLEASE TURN OVER PAGE**

**(Parents / Carers)**

***Is there any additional information you feel we should know, why you feel your child should be awarded a WOAPA scholarship?***

***If so, please tell us, in the box below.***

I have read and understood the terms & conditions ☐

Signed by parent or guardian: \_\_\_\_\_

Print name: \_\_\_\_\_

**Application forms received after  
8<sup>th</sup> March will not be accepted.**

