

# Parents' Gap Scholarship Form

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## Pupil Details

Name of Pupil (please print) .....

House ..... School Number .....

I agree to the sum of £4.00 being added to my termly account while my child is a pupil at Stowe School as a subscription to the *Parents' Gap Scholarship Fund*.

I understand that the fund collected under this scheme will be used to support pupils who are placed with recognised worthwhile charities in this country or abroad during the Sixth Form or in their Gap Year.

Signature of Parent/Guardian ..... Date .....

Name of Parent/Guardian .....

Please return to:  
The Finance Department  
Stowe School  
Stowe  
Buckingham  
MK18 5EH

Stowe