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**BAXTERSTOREY FOUNDATION SCHOLARSHIP 2018/9:**

**COMMUNITY CONTRIBUTION**

**Students can apply for this scholarship if they feel they make an outstanding contribution to either the University of Bradford community or the wider local community.**

This could be through volunteering, mentoring or similar. Students must submit a supporting statement from someone in authority who can vouch for the contribution that they make e.g. a volunteer co-ordinator or member of University staff.

Students must also write a personal statement describing what it is they do – please include any evidence that you may have to support this e.g. newspaper clippings, photographs etc.

The award will take the form of a bank transfer to the student. The maximum total value of the award will be £1,250.

**Applicants should ensure that all questions are answered and the supporting statement submitted. Incomplete application forms will not be considered and it is the student’s responsibility to ensure that the form is completed fully. Application forms should be returned to Vicky Lumb at MyBradford Helpdesk, Richmond Building, by the closing date. Late forms will not be considered.**

**CLOSING DATE 12th April 2019**

## Please answer all questions in block capitals, in pen

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UB Number** |  |  |  |  |  |  |  |  |

###

**Family Name**

**Other Names**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your title (tick **one** box only)  | Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |

## Date of Birth Age Nationality

|  |  |
| --- | --- |
| **Home Address** | **Local Address** |
| **Telephone number** | **Telephone number** |

**Please print clearly** (please use your University email address, this is how we will contact you)

**E-Mail Address**

## Course Title

## Faculty

**Please tick: Are you?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Undergraduate** |  | **Postgraduate** |  |
| **Full-time** |  | **Part-time** |  |
| **Year of course** |  | **Is this a repeat year** |  |
| **Is this your final year** |  | **Have you done a foundation year** |  |
| **Are you on placement at present** |  | **Is the placement paid or unpaid** |  |

**FUNDING**

## Who pays your fees? (Please tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Student Funding Body i.e.Student Finance England,Student Finance WalesStudent Finance N. IrelandSAASEU Team | NHS  | Yourself/Parents | Sponsor(Name) |

## Who pays your living costs? (Please tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Student Funding Body i.e.Student Finance England,Student Finance WalesStudent Finance N. IrelandSAAS | NHS  | Yourself/Parents | Sponsor(Name) |

**Statement in Support of your Application** (from someonewho can vouch for the contribution you make e.g. a tutor, lecturer, volunteer co-ordinator etc)

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Signed............................................................................. Date ...................................................................

Print Name.....................................................................................................................................................

**Personal statement by the applicant**

You must give a detailed statement in support of your scholarship application and provide proof of any results quoted. Your application will not be considered without these. If you are applying on the grounds of contribution to your course or fellow students, please explain as clearly as possible what you do and the difference you make, as we will only have this statement and your tutors comments by which to judge your application.

 (Please continue on a separate sheet if required)

**Personal Statement:**

**Notes to applicant:**

Please ensure that you complete the form fully, otherwise it will not be considered.

You must provide all documentation required.

Successful applicants will be informed via your University email address about your application. The payment will be made direct into your bank account – if successful we will ask you to provide bank details.

Due to the expected volume of applications we regret that we will not be able to give feedback. **Successful students only will be contacted by email by 17th May 2019.** If you have not heard from us by this date then your application has not been successful.

**I confirm that I have answered all questions to the best of my ability and that the information provided is correct. I accept that the University may seek any further evidence necessary to substantiate my statements. I understand that it is a serious offence to have provided misleading or erroneous information or to have failed to disclose any relevant material.**

**Signature Date**

**The completed form should be returned to Vicky Lumb at the MyBradford Helpdesk, Richmond Building.**

# Confidentiality and Data Protection Act

The information given is treated in accordance with Data Protection and is used only for the purpose of determining that you meet the criteria for assistance. Please understand that the University may make any enquiries it deems appropriate in connection with the application to ensure that we can help you in the best way we can. By signing the form you agree to this.

In accordance with the Data Protection Act 1998, all information provided on an application form will be kept on file for the purpose of assessment, statistical analysis and external audit only.

The data will not be passed to any third party without your consent, except when the University is required to do so by law. Any formal enquiries concerning the use of data noted here should be addressed to the Head of Department, Student Administration and Support.

## For Office Use

**UB NUMBER FAMILY NAME**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

 **FIRST NAME**

**UG PG AGE Home / EU / International**

 **Full-Time/Part-Time**

**SUCCESSFUL APPLICATION YES / NO**

**AMOUNT OF AWARD**

**Student informed of decision by email/phone/text/in person: Date Initials**

**Payment requested: Date Initials**