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**BAXTERSTOREY FOUNDATION SCHOLARHSHIP 2018/9: HARDSHIP**

**Applicants must demonstrate that they are suffering hardship for reasons beyond their control, which have arisen since starting on the course and that other sources of support are not available. Please provide any evidence that demonstrates that you are in financial hardship.**

**Consideration will also be given to students who can demonstrate that they have worked hard to overcome any financial difficulties they have had and managed to remain on their course. Again it would help the application if evidence can be provided.**

The award will take the form of a bank transfer to the student. The maximum total value of the award will be £1,250. The University would expect students eligible for any Government financial support to have received this before applying for this scholarship. **If you are a Home/EU Undergraduate student please provide your student finance documents i.e. proof of tuition fee loan and maintenance loan as part of this application. Applications will not be considered without this evidence.**

**Applicants should ensure that all questions are answered and all documents provided. 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 in 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**

How much are your course fees this academic year? £

## How much of your fee has been paid? £

## When do you expect the balance to be paid?

## Who pays your fees? (Please tick all that apply and provide proof if you are in receipt of a tuition fee loan)

##

|  |  |  |  |
| --- | --- | --- | --- |
| 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) Provide proof of your financial support

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

**If there is a problem with your financial support application please tell us in your statement**

Have you received a bursary or scholarship from the University? YES 🞏 NO 🞏

If yes, what did you receive?

.......................................................................................................................................................................

Do you have part-time work?

|  |  |  |
| --- | --- | --- |
|  **Your Job** | **Number of hours** | **Weekly wages** |
|  |  |  |

**Personal statement by the applicant**

You must give a detailed statement in support of your scholarship application, indicating in particular why you consider your financial difficulties have arisen for reasons beyond your control and **in what way your circumstances have changed since you started on your course.** If you have managed to work hard to overcome financial difficulties and remain on your course please describe how you have done this.

Please provide any evidence or documents that might support your statement.

 (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.

You 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 Victoria Lumb in MyBradford Helpdesk in the 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**