

The Hammond Trust

Application for educational grant

Please read the criteria carefully and if you are eligible to apply complete all sections

Part A: (to be completed by the applicant)

| | | | | |
|---|-----|--|--------------------------------|---|
| Title (e.g. Dr / Prof / Mr / Mrs / Ms): | | | | |
| Family name: | | | | |
| Other names: | | | | |
| Nationality: | | | | |
| Date of birth: | | | | |
| Are you paying overseas student fees? | Yes | | Amount (current academic year) | £ |
| | No | | | |
| UK correspondence address: | | | | |
| UK contact telephone number: | | | | |
| Email address: | | | | |

| | | | |
|--|--|-------|--|
| Academic qualifications gained since leaving school: | | Date: | |
| | | | |
| | | | |
| | | | |
| Employment record since leaving school: | | Date: | |
| | | | |
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|---|---|--|-----------|--|
| Names & address of UK institution you are currently attending (please include your department): | | | | |
| Course of study | Qualification (e.g. MSc / PhD): | | | |
| | Course title: | | | |
| | Start date: | | End date: | |
| | Intended date of departure from the UK (please state month & year): | | | |
| Please give details of your proposed future career, stating what you intend to do and in which country : | | | | |
| | | | | |

Please give details of the funding arrangements that were in place at the start of your studies to cover living expenses and fees:

| | | | | | | | |
|---------|--|---------|---|-------------|--|-----------|--|
| Source: | | Amount: | £ | Start date: | | End date: | |
|---------|--|---------|---|-------------|--|-----------|--|

Please give details of any scholarships or grants awarded to you since the start of your studies in the UK to cover living expenses and fees:

| | | | | | | | |
|---------|--|---------|---|------------|--|----------|--|
| Source: | | Amount: | £ | Date from: | | Date to: | |
|---------|--|---------|---|------------|--|----------|--|

Please give reasons why the planned funding is no longer adequate to enable you to complete your studies:

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Please give details of your expected monthly income from **all sources** until the completion of your studies (include any wages or contributions from friends/family) :

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Please give details of your expected monthly expenditure from the present date until the completion of your studies:

| Expenditure | Estimated Monthly amount | Date from | Date to (end of study) |
|---------------------------------------|---------------------------------|-----------|------------------------|
| Utilities (e.g. gas / electricity) | £ | | |
| Rent | £ | | |
| Food | £ | | |
| Travel to place of study | £ | | |
| Other (please specify next to amount) | £ £ £ £ | | |

If you have made any applications to other grant giving organisations this year, please provide details below including: name of organisation; grant amount applied for; whether the application was successful or unsuccessful; amount and date awarded (if successful)

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Signature:

(Typed signatures not accepted)

Date: __/__/20__

Part B: (to be completed by the applicant's Tutor or Course Leader)

| | | |
|--|---|---|
| Is the applicant currently in full time study at the university, and on the course indicated in Part A? | | |
| Please comment on the applicant's academic record, prospects, general character, relevance of the subject of study to the applicant's home country and, if possible, on the information provided by the applicant in part A regarding their financial circumstances. | | |
| Expected completion date of studies: | | |
| What financial or other assistance are the university / institution able to offer the applicant? | | |
| I consider that the minimum grant required by this applicant is: | £ | Please note that the maximum grant award is £2,000. The actual grant award is at the discretion of the Hammond Trust panel. The decision of the panel is final. |
| I certify that to the best of my knowledge the particulars given in part A by the applicant are correct. I recommend this applicant as both meriting and needing financial assistance and confirm that I will provide written confirmation of the applicant's completion of studies. | | |
| Signature: Print name: Date: | | |
| Position: Daytime telephone number: Email address: | | |
| University address: | | |
| Official University / Institution stamp: | | |

Completed application forms should be returned to:

 The Hammond Trust
 British Council
 Bridgewater House
 58 Whitworth Street
 Manchester M1 6BB