

**For Office Use Only:**

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| **Date Received:** | **Account Number:** | **Reference:** | **Local authority area:** |

**Northamptonshire High Sheriff Bursary Application Form**

Please read the guidelines carefully and complete the application form. We will need either a signed copy submitted in the post or a signed copy scanned and emailed to us.

If you wish to post a signed copy, send it to: **Northamptonshire Community Foundation, 18 Albion Place, Northampton NN1 1UD**

If you wish to scan and email the signed form, send it to: **enquiries@ncf.uk.com**

**Section One: Contact details**

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| **The person applying for the grant:** |
| **Name** |
| **Address** |
|  |
| **Postcode** |
| **Email** |
| **Telephone number** |
| **Date of birth** |
| **Course title** |
| **Current year of study** |

**Section Two: About you and your request for funding**

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| **Please explain why you applying the bursary and how you would use the bursary? (You may wish to include information on your financial circumstances):** |
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| **Have you received a bursary before? If so, when?** |
|  |
| **If this bursary is not awarded, will you be able to afford to cover these costs in any other way?** |
| **Please describe how this bursary will help with your current and future higher education and employment prospects:** |
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**Section Three: How you would like to use the bursary**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| We require detailed information on how you will spend the grant if you are successful. Use the table below to show a breakdown of the amount you are requesting.  **This is a very important part of the form.**   * Break down your budget into appropriate headings, which show you have carefully planned how to use the funds – e.g. Graduation Gown Hire, Travel Costs and Clothing etc. * Please attach copies of two quotes for any equipment costing over £100   **Please provide a detailed breakdown of how you wish to use your bursary:**   |  |  | | --- | --- | | **Item** | **£ amount** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | **Total** | **£** |  |  | | --- | | **How much money are you requesting from us?** *The maximum award is £500.* | | I am requesting £ | |

**Section Four: Payment information**

**Please provide a recent copy of your bank statement with this application**

|  |  |
| --- | --- |
| **Your bank account details:** | |
| **Bank:** *e.g. Nationwide* |  |
| **Branch:** *e.g. Northampton* |  |
| **Bank account name:** *e.g. Mr John Smith* |  |
| **Account Number:** *e.g. 1234 5678* |  |
| **Sort code:** *e.g. 123 456* |  |

**Section Five: Declaration**

**I confirm that I am a care leaver/estranged student and meet the eligibility criteria listed in the guidance notes to apply for this bursary. I understand that I will be expected to monitor expenditure and provide Northamptonshire Community Foundation with receipts/thank you card which provides an update on my progress and the difference this bursary has made.**

**I give permission to Northamptonshire Community Foundation to record the information in this form electronically for the purpose of grant management. I give permission for Northamptonshire Community Foundation to contact the University of Northamptonshire to confirm and share information about my care leaver/estranged student status.**

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| **Applicant Signature:** |
| **Date:** |

**Section Six: University of Northampton Referee**

*We require a supporting reference for each application. Please have an independent referee who knows you but will not benefit from this award complete the following reference form.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of student applying for the bursary award:** | | | |
| **Referee details** | **Name:** | | |
| **Address:** | | | |
| **Contact details** | **Post code:** | | |
| **Telephone:** | | **Mobile:** | |
| **Job title:** | | | |
| **How long have you known the applicant?** | | |  |
| **In what capacity do you know the applicant?** | | | |
|  | | | |
| **Please read the application before answering the following questions** | | | |
| **From your knowledge of the applicant, please tell us why you support this application.** | | | |
|  | | | |
| **Are there any other comments you would like to make regarding the applicant or their application?** | | | |
|  | | | |
| **Thank you for providing a reference** | | | |
| **Signed:** | | **Date:** | |
| **Print name:** | | | |