|  |  |
| --- | --- |
| Independent Living Scholarship  |  |
| **Please read carefully the guidance notes accompanying this application form.**  |

|  |  |  |
| --- | --- | --- |
| Name: | Date of Birth: | Age: |
| Course Title: |
| Student ID Number:  | Curriculum Manager: |

|  |  |
| --- | --- |
| Home Address:Post Code:Telephone:Mobile No:Personal E-mail: | Term time address (if different):Post Code:Telephone:Mobile No:E-mail: |

Please tick appropriate boxes

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Year  |  |  or | Second Year |  |  and | Full-time |  |  or | Part-time |  |

Please tick appropriate boxes if you have submitted confirmation of being either a young career and/or care experienced:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |

Dependants (This section may be taken into consideration as part of your application)

|  |  |  |  |
| --- | --- | --- | --- |
| Dependants | **Name** | **Age** | **Occupation/School** |
| Partner |  |  |  |
| Children |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you receive any funding? eg. bursaries; loan; EMA; Money Does Matter funding |  |  | Yes |  |  | No |
| Are you responsible for paying your own fees? |  |  | Yes |  |  | No |
| **Weekly Living Costs** |

The information supplied here will be treated in confidence and is solely for the purposes of this application to The Adam Smith Foundation.

**Income Expenditure**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your wages/salary |  |  | Rent/Mortgage |  |
| Partner’s wage/salary |  |  | Council Tax |  |
| College Bursary |  |  | Gas/Electricity  |  |
| Student Loan |  |  | Insurance eg home/car |  |
| Housing Benefit |  |  | Fares/Travel |  |
| Child Benefit |  |  | Household Expenses eg food |  |
| Maintenance Payments |  |  | Clothing |  |
| Other Benefits (specify) |  |  | Maintenance |  |
| Other Income (specify) |  |  | Childminding Fees |  |
|  |  | Other Expenditure (specify) |  |
| Total Weekly Income | £ |  | Total Weekly Expenditure | £ |
|  |

**Reasons for Applying**

Please let us know:

* Your commitment to your studies i.e. excellent attendance, other extra-curricular activities
* Your academic achievements and strengths i.e. passed all units to date, enjoys a particular part of course
* Your plans for your future career i.e. to work towards securing employment in……….
* How you would benefit from this scholarship: i.e. purchase studying equipment, attend other training to enhance prospects

*Make sure you cover all of these points, using specific examples where possible. It is important to show in your application how you meet the criteria, as per the Guidelines.*

|  |
| --- |
| Please continue on a separate sheet if necessary. |

## Declaration

I declare that the information given on this form is both true and full. I understand that the Foundation and College have the right to verify any statement made or documentary evidence produced. I also understand that the Foundation has the right to recall any payment made as a result of false information provided by me.

**Signed:**  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**The closing date for applications is 14th November 2018 at 12 noon. Please ensure that all contact details are filled in correctly and send your application to** **scholarships@fife.ac.uk****. Alternatively you can hand it into a College reception addressed to Gaynor Jamieson, Trust Fundraiser at Fife College. All applications must be received within the closing date to be considered.**