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| Arnold Clark Scholarship |  |
| **Please read carefully the guidance notes accompanying this application form.** | |

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

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 |

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| **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.*

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| Please continue on a separate sheet if necessary. |

The Adam Smith Foundation requires this information in order to assess your eligibility for this scholarship. The information provided will be stored on electronic and paper files, held securely and may be shared with the donor/sponsor for this award. Please refer to the Student Privacy Notice for details on how we process your personal data. This can be found on the college website.

## 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:** ………………………………………………………………………… **Date: …………………………………………………….**

**The closing date for applications is 1st February 2019 at 12 noon. Please ensure that all contact details are filled in correctly and send your application to** [**scholarships@fife.ac.uk**](mailto: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.**