|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DC Retail ScholarshipFund |  | | | |
| **Please read carefully the guidance notes accompanying this application form.** | | | | |
| Name: | | | Date of Birth: | Age: |
| Course Title: | | | | |
| Student ID Number: | | Course Tutor:  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**

Mode of study:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full-time |  | or | Part-time |  |

**Reasons for Applying**

Please let us know:

* Your ability to apply creativity within your course work e.g. give examples through course work or projects you have worked on
* Your commitment to your studies e.g. excellent attendance, other extra-curricular activities
* Your academic achievements and strengths e.g. passed all units to date, enjoys a particular part of course, mentored or supported others in their learning
* Your plans for your future career e.g. working towards securing employment in, or progressing onto further or higher education in…….
* How you would benefit from this scholarship: e.g. purchase studying equipment, attend other training to enhance prospects, interview clothes, research trips, books, stationery…..

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

|  |
| --- |
| **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 Friday 19th April 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 by the closing date to be considered.**