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| **Bursary Fund Application Form** |
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| Please ensure that you have read the Information Sheet about the Lindisfarne College of Theology Bursary Fund and that you meet the relevant eligibility criteria. Please complete all sections of this form as fully as possible. Applications can be accepted throughout the academic year. |
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| **1. PERSONAL DETAILS** |
| **Title**       | **First names**       | **Surname**       |
| **Address**       |
| **Daytime phone**       | **Mobile phone**       |
| **Email**       |
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| **2. COURSE APPLIED FOR/ENROLLED ON** |
| **Programme of study (delete as appropriate)** Foundation / Certificate / Diploma / BA (Hons) / Graduate Diploma / MA |
| **Mode of study (delete as appropriate)** Full-time / Part-time |
| **Start date**       | **Expected completion date**       |
| **Year of study**       | **Academic year applying for**       |

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| **3. PREVIOUS APPLICATIONS** |
| **Have you applied to the Bursary Fund before?** Yes / No**If yes, please give month and year**      **Amount awarded**       |
| **4. TUITION FEES** |
| **Cost of tuition fees in the year you are applying for:** |
| **Annual registration fee** £      | **Module fees** £      |
| **Details of any other grant receivable or applied for**       |
| **Amount requested from Bursary Fund**       |
| **How do you propose to fund the tuition fees (or the balance)?**       |
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| **5. REASONS FOR APPLICATION**  |
| Please state briefly your reasons for applying to the Bursary Fund and outline any relevant factors that you would like LCT to take into account in considering your application (*500 words maximum*).       |
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| **10. Declaration** I confirm that I have completed the relevant sections of this form and declare that to the best of my knowledge the information given in this form is correct. |
| **Applicant’s signature**       | **Date**       |
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| Please return the completed formby email to the LCT Administrator: admin@lindisfarnect.org |