

# JOSEPH LEVY EDUCATION FUND

## Application Form

**Please read the Guidelines BEFORE completing this form.**

**Please ensure that you complete all sections of the form and send us any additional item requested.  
Bear in mind that we cannot assess incomplete applications.**

1) Have you applied to the Joseph Levy Education Fund before?  Yes  No

If yes, has your application/any of your applications been successful?  Yes  No

### 2) Your Details:

Title \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 3 \_\_\_\_\_

Town/City \_\_\_\_\_ Postcode \_\_\_\_\_

Area in UK:  East Midlands  East of England  London  Northern Ireland

North East England  North West England  Scotland  South West England

South East England  Wales  West Midlands  Yorkshire and the Humber

Mobile phone number \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**3) Your Past Education:**

Please tick the highest academic qualification you have achieved

- GCSE (or equivalent)    A Levels (or equivalent)    Certificate (eg HNC, CertHE or equivalent)
- Diploma (eg DipHE, HND or equivalent)    Bachelor's degree    Master's degree
- Doctoral degree    Other. Please, describe: \_\_\_\_\_
- None of the above

Details (course title and name of school/college/university)

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Course Dates (eg 2019-22) \_\_\_\_\_

**4) Higher Education, Further Education or Vocational Training course you intend to follow:**

Name of institution \_\_\_\_\_

Proposed course/qualification (Please tick one option):

- Certificate (eg HNC, CertHE or equivalent)    Diploma (eg DipHE, HND or equivalent)
- Bachelor's degree    Master's degree    Doctoral degree    Vocational Training

Course Name: \_\_\_\_\_

What is the duration of the course? \_\_\_\_\_

Have you already been accepted?    Yes    No

If No, when do you find out if you have been accepted? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

What date does your course start? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please, briefly describe your long-term educational, or career or employment objectives and why you think this course will help you to fulfil them.

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**Additional item:** Please enclose **brief details** from the course provider **of your proposed course of studies**.

**5) Costs:**

Course Costs:

Tuition fees £ \_\_\_\_\_ Enrolment fee £ \_\_\_\_\_

Examination fees £ \_\_\_\_\_ Books and materials £ \_\_\_\_\_

Other educational expenses £ \_\_\_\_\_

Living Costs:

Accommodation £ \_\_\_\_\_ per month

Travel £ \_\_\_\_\_ per month

Utility bills £ \_\_\_\_\_ per month

Other living expenses £ \_\_\_\_\_ per month

Total Living Costs £ \_\_\_\_\_ per month

**6) Income:**

Employment £ \_\_\_\_\_ per month

Will this change during your studies?  Yes  No

If Yes, how will it change? \_\_\_\_\_

Income support £ \_\_\_\_\_ per month

Disabled Students' allowance £ \_\_\_\_\_ per month

Personal Independence Payment / Disability Living Allowance £ \_\_\_\_\_ per month

Any other monthly income/contribution towards your education costs (eg family support) £ \_\_\_\_\_

Total Income £ \_\_\_\_\_ per month

**7) Other sources of funding:**

Student loan per year £ \_\_\_\_\_

Maintenance grant per year £ \_\_\_\_\_

Have you applied to any other institution for financial help?  Yes  No

If yes, please provide further details such as name of institution, amount requested and if your request was successful or is still being processed

\_\_\_\_\_  
\_\_\_\_\_

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**8) Your request to the Joseph Levy Education Fund:**

Please state amount of grant you are requesting £ \_\_\_\_\_

Please, briefly tell us what it would be used for

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Please, briefly tell us what would be the impact on your educational plans if your application is not successful or if you receive a significantly smaller amount

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**9) Referees:**

Name of Consultant or Cystic Fibrosis Team member: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hospital or Cystic Fibrosis Centre: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of academic referee (it could be from a previous course): \_\_\_\_\_

Job Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

**10) How did you hear about the Joseph Levy Education Fund?**

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We would like to send you an email twice a year to remind you about the deadlines to apply to the Education Fund. Do you agree?

I am happy to receive a reminder about the deadlines by email twice a year  Yes  No

We would like to send you an email once a year to request feedback on the way we operate. Do you agree?

I am happy to receive a request for feedback by email once a year  Yes  No

**You do not have to answer Questions 11 and 12. We will not use this information to assess your application but it will help us to know if we are reaching everyone who might benefit from the Education Fund.**

11) Your Gender:  Female  Male  Other

12) Your Ethnicity:

White:

English/Welsh/Scottish/Northern Irish/British  Irish  Gypsy or Irish Traveller

Any other White background, please describe \_\_\_\_\_

Mixed /Multiple ethnic groups:

White and Black Caribbean  White and Black African  White and Asian

Any other Mixed/Multiple ethnic background, please describe \_\_\_\_\_

Asian/Asian British:

Indian  Pakistani  Bangladeshi  Chinese

Any other Asian background, please describe \_\_\_\_\_

Black/African/Caribbean/Black British:

African  Caribbean

Any other Black/African/Caribbean background, please describe \_\_\_\_\_

Other ethnic group:

Arab  Any other ethnic group, please describe \_\_\_\_\_

13) Privacy and Data Protection, and Terms and Conditions of Grant:

By signing below I confirm that:

- **I have read and I understand the attached information about how my personal data will be used and I consent to the processing of my personal data for the purpose of managing this grant application.**
- **I have read and accept the attached Terms and Conditions of Grant.**
- **The information provided on this form is correct to the best of my knowledge.**

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Privacy and Data Protection Notice:**

- a. The Joseph Levy Education Fund is managed by the Joseph Levy Foundation (registered charity number 1165225) and is a partnership project between the Joseph Levy Foundation and the Cystic Fibrosis Trust (registered charity number 1079049). For the purposes of Data Protection regulations, the Joseph Levy Foundation is the Data Controller for the Education Fund. Any data, including personal data, relating to applications to the Joseph Levy Education Fund or grants awarded from the Joseph Levy Education Fund may be shared between the Joseph Levy Foundation and the Cystic Fibrosis Trust for the purpose of managing the Fund.
- b. The Joseph Levy Education Fund will hold and use personal information about you, the applicant, in order to process your application, to manage any grant that is awarded to you and to manage the overall operation of the Fund. We will not, without your consent, supply your name and address to any third party except where (1) such transfer is a necessary part of the activities that we undertake, or (2) we are required to do so by law. You have the right to obtain a copy of personal information held by us to correct any inaccuracies by notifying the Joseph Levy Education Fund in writing.
- c. The Joseph Levy Education Fund may verify your application by contacting the Consultant or Cystic Fibrosis Team member or the Academic referee shown on your application form.
- d. In certain circumstances it may be necessary for us to obtain a medical report about you. By signing this form, you confirm that you are in agreement for the Joseph Levy Education Fund to approach your Consultant for such a report.
- e. The Joseph Levy Education Fund will keep a copy of your application for 7 years to comply with legal regulations after which time we will destroy it.

## **Terms and Conditions of Grant:** If you are awarded a grant:

- f. We will send you a grant offer letter. Once you confirm your acceptance of the grant offer we will send you the grant by cheque in the post.
- g. You must notify the Joseph Levy Education Fund when you receive the grant cheque.
- h. The grant can only be used for the purposes described in the grant offer letter. You must notify the Joseph Levy Education Fund as soon as possible of any change in your circumstances that might affect the use of the grant. Should your circumstances change we reserve the right to withdraw the grant offer.
- i. You must tell us if your contact details change during the period of our grant (eg address, email and telephone details).
- j. You must keep receipts for any items of equipment purchased with the grant and you must be able to provide copies of those receipts to the Joseph Levy Education Fund if we ask you to do so.
- k. You must provide a brief report to the Joseph Levy Education Fund on how the grant has supported your education or training.
- l. We may use information that you provide about the impact of the grant to promote the Education Fund to potential applicants or to raise additional money for the Education Fund – including through social media or any other promotional methods or materials. We will only use this information in ways that ensure you cannot be identified. If the Education Fund wishes to use this information in a way that would identify you – for example as one of the case studies on our website - we will only do so if you give us your consent in advance.
- m. The Joseph Levy Education Fund is a grant making programme and its responsibilities are limited to the provision of discretionary grants.