

JOSEPH LEVY EDUCATION FUND

Application Form

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

If yes, please enter the year and amount of the most recent grant received _____

PART I – Personal Details

Salutation _____

First Name _____

Last Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City _____

County _____

Postcode _____

Mobile phone number _____

Email address _____

Date of Birth ____/____/____

PART 2 – Past Education & Work Experience

Name of last school or college attended _____

Dates [year only] from _____ to _____

Most recent qualifications achieved/exam passes: i.e. GCSE, A Levels, AS Level, MSc, HND etc

Do you have any work or volunteering experience you would like to share with us?

PART 3 – Proposed Further Education or Vocational Training

Name of institution or awarding body _____

Proposed course/qualification [BSc, MSc, Diploma, PhD, Other, ...] Other, please specify

Course Name: _____

Second choice institution (if applicable) _____

Proposed course/qualification of second choice (if applicable)

Course Name: _____

Have you already been offered a place? Yes No

Is it dependent on you achieving certain exam results? Yes No

When do you find out if you have been accepted? Date: ____/____/____

What date does your course start? Date: ____/____/____

PART 4 – Income & Expenditure

Are you intending on living on campus? Yes No

How much are you expecting to pay for rent per month?

How much are you expecting to pay for travel per month?

How much are you expecting to pay for electricity/heating per month?

Please state how much you are expecting in terms of:

Income support £ _____

Disability allowance £ _____

Employment (PT/FT) £ _____

Any other monthly income £ (monthly) _____

Please give details of the following study costs:

Tuition fees £ _____

Estimated cost of books other educational expenses: £ _____

Please give details of any of the following:

Student Loan £ _____

Maintenance Grant £ _____

National Scholarship Programme £ _____

Please state amount of grant requested and what it will be used for: £ _____

Have you applied to any other institutions for funding? Yes No

If yes, please provide details

PART 5 – Hobbies & Interests - Please list any hobbies or interests.

Part 6 - Referee

If you already have one:

Name of your academic tutor: _____

Email address of academic tutor: _____

Name of Consultant or Cystic Fibrosis Team member

Hospital or Cystic Fibrosis Centre

Email address of Consultant or Cystic Fibrosis Team member

In certain circumstances it is sometime necessary for a medical report to be obtained. Please confirm that you are in agreement for the CF Trust to approach your Consultant for such a report. If required, we will advise you before doing so.

Yes

Data Protection Notice

The Joseph Levy Education Fund will hold and use personal information about the applicant in order to assess the application. If the application is successful, the Joseph Levy Education Fund may use or disclose this personal information to relevant third parties.

You have the right to obtain copies of personal information held by us to correct any inaccuracies by notifying the Joseph Levy Education Fund in writing.

The Joseph Levy Education Fund is processing these grants on behalf of the Cystic Fibrosis Trust. Any and all data will be shared fully with the Cystic Fibrosis Trust.

I have read and understand the information set out above and the terms and conditions attached and consent to the processing of my personal information.

I also give my permission for the Joseph Levy Foundation to use or distribute any images, videos, photos etc that I provide in their social media and promotional materials.

I confirm that the information provided is correct to my best knowledge.

Signed: _____

Print name: _____

Date: _____