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| dmu_logo  **WR Evans Award**  **Bursary Applications Form**  **Leicester School of Pharmacy** |
| Please complete this form electronically then print and submit a signed copy to:  Professor D’Emanuele, The Leicester School of Pharmacy, Hawthorn Building, The Gateway, De Montfort University, Leicester, LE1 9BH |

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| **1. The WR Evans Award** | | |
| Ann Evans, an alumna of the Leicester School of Pharmacy, who with her husband Bill (also an alumnus) founded and runs well known Midlands chain Manor Pharmacy, has made a generous donation to the University in memory of her husband, in order to support a special bursary for pharmacy students. The bursary will be awarded to two new entrants to the Pharmacy course who come from outside of the Leicestershire County and demonstrate that they have great potential and a particular commitment to the profession of pharmacy.  The Leicester School of Pharmacy will award two first year, full time undergraduate bursaries of £2,500 for the 2015/ 2016 academic year. These will be awarded to students of British nationality, resident in the United Kingdom. The award is restricted to those who reside outside of the county of Leicestershire and who chose the School as their firm choice on their UCAS application form. | | |
| **2. Application Process** | | |
| Applicants should complete the application form and submit a photocopy of their passport along with a statement on why they believe they are a good candidate for the award. The word limit for the statement is 500 words.  **The closing date for application is end of the day Monday 2nd November 2015.** Short listed candidates will then be invited to interview. Applications must be submitted by the deadline in hard copy format to Professor D’Emanuele, at the address indicated above.  De Montfort University (DMU) reserves the right to revise, review or withdraw any of the scholarships, bursaries and other funding listed at any time without prior notice. | | |
| **3. Your Details** | | |
| Full Name: Click here to enter text. | P Number: Click here to enter text.  UCAS Number: Click here to enter text. | |
| Term-Time Address: Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Postcode: Click here to enter text. | E-Mail: Click here to enter text. | |
| Home Address (if different): Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Postcode: Click here to enter text. | Phone Number: Click here to enter text. | |
| **4. Course Details** | | |
| Course Title: Click here to enter text. | | |
| Fee status UK  EU  Overseas | Nationality: Click here to enter text. | Copy Passport attached |

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| **5. Supporting Statement (student)**  Word limit- 500 words. |
| Click here to enter text. |
| **6. Data Protection Act 1998** |
| The University collects information about students for various administrative, academic and safety reasons. Because of the data protection act we need your consent before we do this. Since we cannot operate the University effectively without processing information about you we need you to sign the following consent clause.  I agree to De Montfort processing personal data contained in this form or other data which the University may obtain from time to time from me or other people whilst I am a student. I agree to the processing of this data for this application.  I certify to the best of my knowledge, I fulfil the following criteria:   * I have read and fully understood the Data Protection Act 1998 statement above * I declare that the information I have given on this form is correct and complete to the best of my knowledge.   Signed **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Student) Print Name: Click here to enter text.Date**:** Click here to enter a date. |
| **7. Authorisation** |
| Signed **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Print Name Date **\_\_\_\_\_\_\_\_\_** |
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