STONEYGATE TRUST

DE MONTFORT UNIVERSITY PROFESSIONAL SCHOLARSHIP

APPLICATION FORM 2021/22

| SECTION 1 Your title: | | | | | |
|---|--|--|--|--|--|
| First name(s): | | | | | |
| Surname: | | | | | |
| Date of birth (DD-MM-YY): | | | | | |
| Contact address: | | | | | |
| Postcode: | | | | | |
| Telephone number: | | | | | |
| Email address: | | | | | |
| How did you hear about the scholarship? | | | | | |
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| SECTION 2 | | | | | |
| Course you are studying: | | | | | |
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| UCAS Number (if known) | | | | | |
| Are you the first member of your family to attend University? | | | | | |

| SECTION 3 | | | | |
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| In order to be eligible for this scholarship, you will need to have a household income below £25,000 as assessed by Student Finance* for student funding purposes. In order for us to assess your eligibility, you must have an approved application for funding with Student Finance* to study at De Montfort University. Without this we will not be able to take your application any further. | | | | |
| Student Finance* Customer Reference Number: | | | | |
| I can confirm I have an approved student finance application with Student Finance*. | | | | |
| ☐ Yes ☐ No | | | | |
| If you answered no and have submitted your application for the Scholarship prior to 27 August 2021, we will only be able to put your application forward if your student funding is approved by that date | | | | |
| *Student Finance England, Student Finance Wales, Student Finance Northern Ireland, SAAS. | | | | |
| SECTION 4 | | | | |
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| Supporting Information What barriers (personal challenges, discrimination, disadvantage) did you have to overcome in order to attend University? | | | | |
| What barriers (personal challenges, discrimination, disadvantage) did you have to | | | | |
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| SECTION 4 — continued | | | | |
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| | Which extra-curricular opportunities have you been involved in? What have been the benefits to you from these opportunities? | | | |
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| , | What makes you a good candidate to receive this scholarship? | | | |
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| SECTION 4 – continued | | | | | |
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| Academic recommendation: | | | | | |
| | | | | | |
| Full name | | | | | |
| Job title | | | | | |
| Email | | | | | |
| Work number | | | | | |
| Name of school: | | | | | |
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| Your relationship to the student and reasons for recommending this | | | | | |
| student to receive a Stoneygate Trust Professional Scholarship: | | | | | |
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SECTION 5 ETHNIC ORIGIN White Asian/Asian British Mixed British White & Black Caribbean ☐ Indian ☐ Irish White & Black African Pakistani Other White Bangladeshi White & Asian Other Asian Mixed/Other **Other Ethnic Group** Black Black British Chinese Black Caribbean Eastern European Black African Prefer not to say Age Range 25-40 41-54 55-65 66+ Disability Do you have a disability and/or medical condition? Please tick the box that applies, if you have ticked "Yes" please provide details. ∐ No ່ Yes Please provide details (if applicable):

SECTION 6

DATA PROTECTION

De Montfort University and the Stoneygate Charitable Trust process data in accordance with the General Data Protection Regulation (GDPR) 2018. The personal information provided on these forms will be processed for purposes of allocation of the scholarships, any subsequent payments/fee waivers and any associated requirements of the University and the Stoneygate Charitable Trust. Some of the information that you provide on this form may be sent to the Funding Councils, their agents and other statutory bodies for statistical and other purposes. Information relating to ethnicity and disability is collected by University and the Stoneygate Charitable Trust for monitoring purposes in accordance with the Equality Act 2010.

DECLARATION

I agree to De Montfort University and the Stoneygate Trust processing the information provided on this form in line with the statement above and I declare that the information contained in this form is correct and I have not knowingly given false information. Any false information provided will result in the withdrawal of my application and the scholarship (if awarded).

| Signed | Date |
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| Please send your completed applicati | ions via email to: |
| transitions@dmu.ac.uk | |
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| | 6. 11. 21. 11. 12. |
| | s after this will not be considered). If you |
| ave any queries, please email transition Option 3) | is@difid.ac.uk of CallO116 237 7393 |
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