

MOUNTSORREL EDUCATIONAL FUND

Grant Application Form

University Level

STUDENT'S DETAILS

Full Name:			
Home Address: (incl. postcode)		Term Time Address: (incl. postcode)	
Tel. Number:		Mobile Number:	
Email Address:			
Period of residence in Mountsorrel:		years	months
Date of Birth:		Age:	
Marital Status:		no. of dependent children:	
Total of Salary, Grant, Sponsorship or other income (excluding Student Finance):	£		

UNIVERSITY COURSE

University:					
Course:		Date of starting course:			
Year of Study:		Length of course:	years	Full/Part Time:	

STUDENT DECLARATION

I confirm that I have answered the above questions truthfully and to the best of my ability			
Student's Signature:		Date:	
<i>SHOULD YOU FEEL THERE IS ANY ADDITIONAL INFORMATION OR CIRCUMSTANCES WHICH MAY AFFECT YOUR APPLICATION PLEASE PROVIDE DETAILS OVERLEAF.</i>			

UNIVERSITY CONFIRMATION *(for completion by university staff only)*

I confirm that the above student is studying the stated course at this university	Official University Stamp:
Tutor's Signature:	
Date:	

THIS FORM IS STRICTLY CONFIDENTIAL AND FOR THE USE OF THE TRUSTEES ONLY

Once completed please return this form with a stamped addressed envelope to:
CLERK TO THE TRUSTEES: Liz Resch, 4 Rothley Road, Mountsorrel, Loughborough, LE12 7JU