

**Sanctuary Scholarships Application Form**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname |  |
| Other Names |  |
| Title |  |
| Home address |  |
| Telephone No. |  |
| E-mail Address |  |
| Correspondence address (if different from above) |  |
| Country of birth |  |
| Nationality |  |
| Date of birth |  |
| Current immigration status |  |
| Application for: | Access Bursary  Postgraduate Bursary |

**ENTRY TO UNIVERSITY**

Proposed entry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you already applied, either through UCAS or directly, for admission to a University?

YES / NO

**If YES**, please complete the following:

Course(s) applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UCAS Serial number (for undergraduates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University of Stirling applicant number (for postgraduate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If NO**, please indicate your plans for formal application and subjects of academic interest.

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**PREVIOUS EDUCATION**

Please tell us about any previous education at school, college or university. If your education was interrupted, please indicate how much you completed (e.g. one year of BA in Law)

|  |  |  |
| --- | --- | --- |
| Name of school/  university/college and country  *e.g. Aleppo High School, Syria* | Subject and qualification/grade achieved  *e.g. General Secondary Education Certificate* | Date obtained/expected completion date,  *e.g. August 2010* |
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**SANCTUARY SCHOLARSHIP**

Please tell us about your academic aspirations and motivations for applying for this course and why you are in need of financial support.

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**REFERENCES**

Please give the name, address and status of two referees who can give information on your academic achievements and potential.

|  |  |
| --- | --- |
| Name |  |
| Email address |  |
| Relationship to you |  |

|  |  |
| --- | --- |
| Name |  |
| Email address |  |
| Relationship to you |  |

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

When completed, this form should be returned to:

Widening Participation Office

University of Stirling

Stirling, FK9 4LA

[wp@stir.ac.uk](mailto:wp@stir.ac.uk)