



Personal Details

Please read the scholarship criteria before completing this form. Your application cannot be considered if you do not complete all the appropriate sections and attach a supporting statement.

The closing date is 30th April 2020.

| | | |
|---|-----------------------------|----------------------|
| Student ID number (if known) | <input type="text"/> | |
| Your first names (in full) | <input type="text"/> | |
| Your surname (in full) | <input type="text"/> | |
| Date of birth | Your age | <input type="text"/> |
| Your full correspondence address including post code | <input type="text"/> | |
| Telephone number/Mobile number | <input type="text"/> | |
| E-mail address | <input type="text"/> | |
| Course | <input type="text"/> | |
| Date of start of course | Duration of course e.g.3yrs | <input type="text"/> |
| Confirmation that Liverpool Hope is your first choice | <input type="checkbox"/> | |

Please detail which of the Widening Participation criteria you meet.

- Mature student
- You have been in care as a Looked After child for at least 13 weeks since the age of 14
- You have a disability
- You are from a Black/Minority Ethnic Group
- You come from one of the most deprived areas in the country
- You come from an area where it is unusual for people to come to University

Please list any qualifications you have or are working towards:

| Qualifications | Date |
|----------------------|------|
| | |

It is necessary for you to make a personal statement, detailing why you are applying for the scholarship, the personal challenges you have faced before entering HE and what difference the money will make to your University journey. Please continue on a separate sheet if necessary.

To help us improve the publicity and information you receive, please indicate where you found out about the Liverpool Hope Scholarship:

Declaration

- I declare that the information that I have given on this form is correct and complete to the best of my knowledge
- I understand that giving false information will automatically disqualify my application.

Your signature

Date

| | |
|--|--|
| | |
|--|--|

Please send completed form to:

STUDENT FUNDS, GATEWAY BUILDING, HOPE PARK, LIVERPOOL L16 9JD.

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