



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 9th May 2025.

Student ID number (if known)

Your first names (in full)

Your surname (in full)

Date of birth

Your age

Your full correspondence address
including post code

Telephone number/Mobile number

E-mail address

Course

Date of start of course

Duration of course e.g. 3yrs

Confirmation that Liverpool Hope is
your first choice

☐

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 and were in care on or
after your 16th birthday

☐

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 email completed form to:

studentfunds@hope.ac.uk

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