

# Application Form

## The College of Nursing, Midwifery and Healthcare

## **The Friends of Mary Seacole Scholarship, 2019-2020**

### FURTHER INFORMATION

If you would like additional information or help completing any part of this form, please contact [alumni@uwl.ac.uk](mailto:alumni@uwl.ac.uk)

All sections of this form must be completed by the closing date of **Thursday 31 October 2019**.

Please write in **CAPITAL** letters, writing clearly in **BLACK** ink.

Please return completed applications by email to: [alumni@uwl.ac.uk](mailto:alumni@uwl.ac.uk) or post to:

**Office of Development and Alumni Relations**

**University of West London**

**St Mary's Road**

**Ealing, London**

**W5 5RF**

## Thank you for applying

Details entered onto this form will be transferred to computer.

The University will manage your personal data in accordance with the Data Protection Legislation.

### OFFICE USE ONLY

Applicant Name

Student ID

Date Received

# The Friends of Mary Seacole Scholarship, 2019-2020

## Application

---

The Friends of Mary Seacole Scholarship, 2018-2019 is kindly supported by friends of Mary Seacole, and is open to **Home/EU and International students** pursuing an undergraduate or postgraduate degree course in the College of Nursing, Midwifery and Healthcare. Candidates will have to complete an application form stating their academic record to date and will need to provide detailed information on their financial circumstances. The successful candidates will be chosen by the University's selection committee. For further information, please contact [alumni@uwl.ac.uk](mailto:alumni@uwl.ac.uk).

---

### ELIGIBILITY CRITERIA

#### Level of Study

Undergraduate/Postgraduate

#### Year of Study

Any

#### School

College of Nursing, Midwifery and Healthcare

#### Additional Criteria

Selection is on the basis of academic merit and financial need

### WHAT DOES IT COVER?

#### Number of Awards Available

1

#### Value

£3,500

#### Duration of Award

1 Year

### HOW TO APPLY

Return this completed application form by the deadline: **5pm, Thursday 31 October 2019**. Applications without all supporting documents attached will automatically be rejected.

### REQUIREMENTS

If applying to this award, you must accept the following conditions:

- You must be registered on a course at the College of Nursing, Midwifery and Healthcare during the 2019/2020 academic year.
- You must maintain good academic standing and attendance record throughout your course.
- You must attend the Donors and Scholars Reception or any other event that the Office of Development and Alumni Relations see fit.

---

### APPLICATION INSTRUCTION

Please read these instructions carefully, as applicants that do not comply may be disqualified.

- Please write in CAPITAL letters, writing clearly in black ink
- **All sections of the form must be completed**
- You can apply for more than one award. However, you will only be awarded one – which is most relevant to your financial situation.

### THINGS TO INCLUDE

All supporting documents must be **attached** to the application form. Supporting documents **submitted/emailed** separately will not be considered.

- Two letters of reference (i.e. from a tutor)
- Evidence of your (or parent/guardian) total household income – **one** of the following:

P60 for financial year ending April 2019; 3 months of payslips; Benefits letter; Student Finance England letter

### SELECTION CRITERIA

Applicants are evaluated on the following criteria:

- Academic achievement
- Financial need
- Personal statements
- Recommendations

### AWARD INFORMATION

For information on all available scholarships, including deadline dates and the application procedure, please see our website: [www.uwl.ac.uk/scholarships](http://www.uwl.ac.uk/scholarships)

#### Please note:

**Only successful applicants will be notified.**

If you are successful, your academic information may be shared with the people responsible for funding this award to keep them updated of your progression. Signing this form confirms your consent to this.

# The Friends of Mary Seacole Scholarship, 2019-2020

## Application

---

Course applied for/current course: \_\_\_\_\_

Start Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

UWL Student ID Number 

--	--	--	--	--	--	--	--

---

### PERSONAL DETAILS (PLEASE USE CAPITAL LETTERS)

Title (e.g. Ms/Mrs/Mr) \_\_\_\_\_

Surname (Family Name) \_\_\_\_\_

First Name(s) \_\_\_\_\_

Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Home Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Home \_\_\_\_\_

Telephone Mobile \_\_\_\_\_

e-mail \_\_\_\_\_

---

### ACADEMIC INFORMATION (PLEASE USE CAPITAL LETTERS)

Are you currently enrolled at the University? \_\_\_\_\_

If yes, what year are you currently in? \_\_\_\_\_

---

### ACADEMIC QUALIFICATIONS Please list all institutions attended, **starting with the most recent.**

Institution Attended	Title of Qualification (e.g. A Level English)	Result Achieved	Year



# The Friends of Mary Seacole Scholarship, 2019-2020

## Application

---

### FINANCIAL INFORMATION (PLEASE USE CAPITAL LETTERS)

Please provide details of any previous or current employment, **starting with the most recent.**

Position Held	Name of Employer	Start Date	End Date	Nature of Work

**Total Household Income** – please also provide evidence in the form of: P60, 3-month wage slip, benefits letter Student Finance England letter:

£

\_\_\_\_\_

---

**Do you intend to work whilst studying?**

No ☐ Yes (full-time) ☐ Yes (part-time) ☐ Summer/Vacation ☐

**If you intend to work, please provide a reasonable estimate of how much you expect to earn per year:**

\_\_\_\_\_

**Will you be receiving any other financial award/grant?** This does not include a Student Loan.

Yes ☐ No ☐ If YES, please provide details & submit a copy of the notifying letter.

# The Friends of Mary Seacole Scholarship, 2019-2020

## Application

---

### PERSONAL STATEMENTS

#### Statement 1

Describe what difference the award would make to you during your course and in your future career aspirations. (Please confine your response to the space provided and do not send any additional materials, as these will be disregarded.)

# The Friends of Mary Seacole Scholarship, 2019-2020

## Application

---

### Statement 2

Describe a piece of work that you are most proud of, and learnt most from and explain why.

(Please confine your response to the space provided and do not send any additional materials as these will be disregarded).

# The Friends of Mary Seacole Scholarship, 2019-2020

## Application

---

### REFERENCES

Please provide two letters in support of your application. One should be from your academic referee and the other one from a **personal referee who is not related to you**. Please include both letters in your application package.

---

#### Reference 1 (Academic Referee)

Name \_\_\_\_\_  
Position & Organisation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

---

#### Reference 2 (Personal Referee)

Name \_\_\_\_\_  
Position & Organisation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

---

#### Guidance for Referees

Please comment on the following areas as part of your reference:

- Is the applicant committed to study?
- Does the applicant have a good attendance record? (Academic referee)
- Are they punctual and organised?
- What are the unique features of this applicant's potential, ability and achievements to date, which you feel the Scholarship Panel should consider?
- Please include any other information that would be relevant to the Candidate's application for an award.



# The Friends of Mary Seacole Scholarship, 2019-2020

## Application

---

### DECLARATION

I certify that all information on this application is true and complete to the best of my knowledge.

I undertake to notify the University of any changes in my circumstances without delay. I understand that false information will invalidate this application.

I certify that I meet all eligibility requirements as specified in this application and the accompanying instruction.

If successful, I confirm that my academic information can be shared with third-party donors.

Name (Capitals) \_\_\_\_\_

Signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y
---	---	---	---	---	---

Please return completed applications by **5pm on Thursday 31 October 2019**, by email to:  
[alumni@uwl.ac.uk](mailto:alumni@uwl.ac.uk) or post to:

Office of Development and Alumni Relations  
University of West London  
St Mary's Road  
Ealing, London  
W5 5RF

### HAVE YOU INCLUDED ALL OF THE FOLLOWING SUPPORTING DOCUMENTS?

Applications received without all of these included will be automatically rejected.

Supporting Document	Please <input checked="" type="checkbox"/> if included
Evidence of household income - one or more of the following: ( - P60 - 3 months of payslips - Benefits letter - Student Finance England letter)	
Academic reference	
Personal reference	