Application for Assistance – 2020/2021 Academic Year

Thomas and Elizabeth Williams Scholarships

(Loughor School District)

Swansea Foundation and

Swansea Further Education Trust Fund

Applications are invited for assistance to pursue full-time higher degree courses (not including PhD's) from graduates and persons possessing professional or technical qualifications equivalent to a first degree.

To be eligible for consideration for The Thomas and Elizabeth Williams Scholarship applicants must have been resident within the area comprising the former Borough of Loughor for at least two years immediately preceding the date of application for a scholarship OR educated at an establishment within the area of the former Borough of Loughor for a minimum of two years at any time prior to the date of application for a scholarship.

To be eligible for the Swansea Foundation Trust and Swansea Further Education Trust Applicants must be resident of, or educated in, the City and County of Swansea.

Applicants will be matched to the Trust(s) appropriate to the details provided on the application.

The funds are administered on a competitive basis. Application forms must be completed fully – Any application not completed in its entirety will not be supported by the Trustees. The Trustees may require further information not contained in the application form. The Trustees Decision is Final.

**Please complete the form electronically and return one copy via email and the signed, witnessed hard copy via royal mail.**

Further information is available by contacting:

Spencer Martin,

Partnership and Commissioning Team,

Social Services,

Civic Centre,

Swansea, SA1 3SN.

Telephone: 01792 636734, e-mail: spencer.martin@swansea.gov.uk

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**Swansea Council is the data controller for the personal information you provide on this form. Your information will be used in the exercise of our official authority and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law.**

**Data protection law describes the legal basis for our processing your data as necessary for the performance of a public task.  For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate**[privacy notice](https://www.swansea.gov.uk/privacynotice)**on our website.**

Please email a fully completed application form to spencer.martin@swansea.gov.uk and a second signed hard copy to Partnership and Commissioning Team, Social Services Department, Civic Centre, Oystermouth Road, Swansea SA1 3SN, emailed copy should arrive no later than specified. Late applications will not be considered.

Please complete electronically.

**PART A – PERSONAL DETAILS**

**Title: Mr Mrs Miss Ms Other**

|  |  |  |
| --- | --- | --- |
| **Surname:** |  |  |
| **Forenames:** |  |  |
| **Date of Birth:** |   |  |
| **Home Address:**  | **Postcode:** |  |
| **Date commenced residing at this address:** |  |  |
| **Home Tel No:** |  |  |
| **Mobile Tel No:** |  |  |
| **E-mail address:** |  |  |

Please list all addresses where you have resided for the last 5 years. Please indicate if any of these addresses are in Loughor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | From  | To |  |
|  | 1. |  |  |  |
|  | 2. |  |  |  |
|  | 3. |  |  |  |

**PART B – Education and Employment History.**

**Please give names of all educational establishments you have attended with your dates of attendance at each institution. Please indicate if any of these are in Loughor.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | From  | To |  |
|  | Primary School |  |  |  |
|  | Secondary School |  |  |  |
|  | 6th Form School/College |  |  |  |
|  | University/other |  |  |  |

**Please provide details of all qualifications you hold**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Qualification (including subject) | Grade/level/class/division | Date obtained |  |
|  |  |  |  |  |

**Have you at any time held an award/bursary or scholarship for your attendance on any previous course?**

**YES / NO**

**If YES please give details of the funding you have received for undertaking your previous course(s) of study: (please include the amount/source/duration of support and which courses you received this support for)**

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

**Please give details of all periods of employment whilst not in full time education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Employer | Occupation | Salary | DateFrom  | DateTo |
|  |  |  |  |  |
|  |  |  |  |  |

**Please provide details of how you were occupied during any periods whilst not in full time education or employment**

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

**PART C – Details of your proposed course**

**Please provide details of the course or research you will be undertaking and the qualification that you will obtain on its completion.**

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

|  |  |
| --- | --- |
|  |  |
| Expected duration of course or research: |  |
|  |  |
| Proposed date of commencement of course or research; |  |
|  |  |
| Proposed date of completion of course or research: |  |
|  |  |
| Is your course full or part time. |  |

|  |  |
| --- | --- |
| Name of College/University to be attended: |  |

**Address and contact details of University to be attended**

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

**Name of person and contact details under whose guidance you will work:**

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

**What will your tuition fee costs be for the 2020/21 academic year?**

|  |
| --- |
|  |

**Please complete details why you wish to undertake this course or research. Please include what benefits successful completion of this course will bring you, and how this qualification will enable you to benefit the wider community.**

|  |
| --- |
|  |

**Have you or will you be making an application for bursary, research council grant, or any other form of funding for your attendance on your proposed course or research during the 2020/21 academic year.**

**Yes / No**

**If YES please provide details of the support you have applied for and when you expect to hear whether your application for support has been successful?**

|  |
| --- |
|  |

**If NO please give reason(s) why you will not be applying for funding elsewhere:**

|  |
| --- |
|  |

**PART D – References**

**Please give the names and contact details of two references – one of whom must be the professor or head of department under whom you last worked – who have given permission for their names to be used and to whom reference can be made. Don not include relatives or anyone under whom your proposed doctorate will be undertaken**

**Ensure accurate information is supplied as references will be taken out.**

|  |  |
| --- | --- |
| Name:Address:Phone Number:Email: | Name:Address:Phone Number:Email: |

**PART E - Estimated Expenditure**

**Please provide details of your estimated expenditure for living costs for your attendance on your proposed course or research during Academic Year**

|  |
| --- |
|  |

**Please indicate where you will live:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home |  | Private Rented Accommodation |  | Halls of Residence |  |

**PART F – Applicants Estimated Income**

**Please indicate the amount of income you expect to receive from the following sources for the academic year – 1st September to 31st August**

|  |  |
| --- | --- |
| Do you expect to receive any earned income: | YES/NO |
|  |  |
| If YES estimated amount of earned income (before Tax) | £ |
|  |  |
| Do you expect to receive any income from grants, scholarships bursaries etc? | YES/NO |
|  |  |
| If YES amount of income from grants, scholarships bursaries etc? . | £ |

**PART G –Estimated Income of Applicants Spouse/Partner**

|  |  |
| --- | --- |
| Are you married or in a Civil Partnership prior to start of academic Year: | YES/ NO |
|  |  |
| Please Estimate the amount of income your Spouse/Partner expects to receive for the period covering the Academic Year | £ |

**PART H –Estimated Charge on Income**

**This part only needs to be completed where income has been declared under Part F and/or Part G. Please provide details of estimated charges against income for the Academic Year – 1st September to 31st August.**

|  |  |
| --- | --- |
| Pension Contributions: | £ |

|  |  |
| --- | --- |
| National Insurance contributions: | £ |
|  |  |
| Income Tax | £ |

|  |  |
| --- | --- |
| Mortgage Interest on owner occupied Property: | £ |
|  |  |
| Other Charges on Income | £ |

**Details of these other charges**

|  |
| --- |
|  |

**PART I – Persons dependant on Applicant**

**Please provide details of Children that will be dependent upon you during the Academic year – 1st September to 31st August. Only Include Children who normally reside with you.**

|  |  |  |
| --- | --- | --- |
| Name of Child | School Attended | Age on 1st September |
|  |  |  |
|  |  |  |
|  |  |  |

**Please provide details of other persons (excluding Spouse/Partner) that will be dependent upon you during the academic year**

|  |  |  |
| --- | --- | --- |
| Name  | Relationship | Age on 1st September |
|  |  |  |
|  |  |  |

**PART J – Declaration**

**This Declaration must be completed by all applicants:**

**I hereby declare that:**

* **The information given by me on this form is accurate and complete to the best of my knowledge and belief**
* **I will inform you immediately of any alteration in the particulars given**
* **I am in agreement to any investigation being made to verify the accuracy of the information given**
* **If made an award I undertake to refund to the trustees any overpayment of grant which may be made for whatever reason;**

**Applicants Signature and Date:**

|  |
| --- |
|  |

**Witness (not a relative) Name and Address**

|  |
| --- |
|  |

**Signature of Witness**

|  |
| --- |
|  |