



The Dr A E Hart Trust

Registered Charity Number: 529780

For Official Use Only:
 Date of Receipt:
 Reference Number:
 Award:
 Cheque Number:

Section A: Your Personal Details:

1. **Title**
 (tick one box only, if other please state)
 Mr
 Mrs
 Miss
 Ms
 Other _____
2. **First Name(s)**
3. **Surname**
4. **Date of Birth** (DD/MM/YYYY)
5. **Age** years
6. **Full Correspondence Address**
7. **Permanent Hull Address**
8. **How long have you lived at this address?**
 (if less than 2 years please provide previous address)
 years
9. **Telephone Number**
10. **Do you have any dependants?**
 Please provide details
11. **Have you previously received an award from the trust?**
 Yes
 No
12. **If yes, please provide details (i.e. when and how much?)**

Section B: Academic Details:

1. **Schools, colleges or other institutions attended and qualifications gained (specify grades and dates)**

--	--

2. **University/College or other institution for academic year 10/11**

--

3. **Campus of Study (if applicable)**

--

4. **Course Title(s) and Qualification to be obtained?**

Course	Qualification

5. **Level**

Undergraduate

Postgraduate

6. **Are you studying Full or Part time?**

Full Time

Part Time

7. **Have you already been accepted on the course?**

Yes

No

8. **Start date of course**

(DD/MM/YYYY)

--

9. **Duration of Course**

1

2

3

4

5

6

10. **Year of study**

1

2

3

4

5

6

IMPORTANT NOTE:

When returning this application you must attach proof that you are registered on the above course. Proof must be an original letter from your university or college on official letterhead.

If you are unable to supply such confirmation at present your application form can still be submitted but your application will not be considered unless your proof of registration is received by 1st December 2011.

Section C: Financial Information:

1. Income

(a) Are you employed? Full Time Part Time Unemployed

(b) Estimated annual earnings £ per annum

(c) Other sources of income Student Loan £ per annum

Grant £ per annum

Other (please specify) £ per annum

£ per annum

£ per annum

2. Estimated annual expenditure

Tuition fees £ per annum

Course Materials £ per annum

Travel £ per annum

Rent/food/utilities £ per annum

Other (please specify) £ per annum

£ per annum

£ per annum

Section D: Supporting Information:

1. Please provide details of why you chose your course as well as your expectations and plans following completion of your chosen course

(please continue on a separate sheet if necessary)

2. If applicable, please provide details of any special circumstances you may wish to bring to the attention of the Trustees

Section E: How did you become aware of the Trust?

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Hull Daily Mail | <input type="checkbox"/> Advertiser | <input type="checkbox"/> Internet |
| <input type="checkbox"/> School/College | <input type="checkbox"/> Previous Applicant | <input type="checkbox"/> Other_____ |

Section F: Declaration:

To be completed and signed by Applicant

I.....wish to apply for an award from the Dr A E Hart Trust. I confirm that the information I have provided is complete and correct to the best of my knowledge information and belief. If there is any material change to the information provided within this application I undertake to inform the Secretary of the Trust.

Signed:..... Dated:.....

Enclosures (please tick to indicate enclosures)

- | | |
|---|---|
| <input type="checkbox"/> Eight copies of completed form (i.e. this form plus seven photocopies) | |
| <input type="checkbox"/> Proof of registration | or <input type="checkbox"/> Proof of registration to follow |