STRICTLY CONFIDENTIAL APPLICATION FOR ASSISTANCE

Please complete this form and return it to the Secretary

**Section A –**

Applicant

Full name of applicant ..............................................................................................…..

Date of birth ..................................................................

Parent or Guardian ....................................................…………………………………

Home Address .............................................................................................................. Town.........................................................................................

Post Code ...................................... Telephone No. …………………

E-mail Address: …………………………………………………………………

Business Telephone No. ..........................................................

Profession/Occupation of Father..................................................................................... Profession/Occupation of Mother....................................................................................

If you are receiving any assistance with fees from any of these or other sources, please state source and amounts .................................................................................................................... .......................................................................................................................................... ............................................................................................................................. .................

**Section B –**

Education

University/Higher institution currently attended ........................................................................

Address of School....................................................................................................

Year .......................................................................................

Course Studying..........................................................................................................

**Section C**

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| Please give below any information about your family or financial circumstances which you feel may be useful to the foundation in helping them to assess your application, in particular the reasons for your applying to the foundation for assistance. (Continue on a separate sheet if necessary). |

**Section D**

Please provide the name and address of one referee who could be contacted by the foundation to write in support of your application. This referee should not be associated with the university in any way.

Please provide the following document

* Admission Letter to the University
* Examination results
* Receipt of previous fee payment

DECLARATION

I declare that, to the best of my knowledge and belief, the information on this form is correct and that, in the event of there being any changes in detail, I undertake to inform the Secretary of the Trust without delay.

Signed ............................................................................. Date ......................................

Please return via email to: [Info@conormacfoundation.com](mailto:Info@conormacfoundation.com); [conormacfoundation@gmail.com](mailto:conormacfoundation@gmail.com)

NB. The information given on this form is for the use of the Trustees only and will not be divulged to any other party whatsoever. In line with the Data Protection Act the Trust reserves the right to retain this information until such time as any grant agreed has expired.