



Scholarship Funding Application Form

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| NAME – please include your maiden name: | Membership No: |
| Home Address: | |
| Home email address: | |
| Home or Mobile telephone number: | |
| Date of qualification as a nurse: | |
| Date you joined the League (Only fully paid-up members may apply for Scholarship funding): | |
| Your job title & <u>brief</u> description of your role: | |
| Name & Address of your employer (Please ensure that you are familiar with your employer's study leave policy): | |
| Date(s) & Title of Course/Conference for which assistance is required: | |
| How will you benefit from attending this course/conference? | |
| Duration of course/conference: – Please note, each year's study requires a separate application and repeated funding cannot be guaranteed. | |

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| Costs of course/conference for which you are applying (in Sterling please) | |
| Fees/Registration (for one academic year): £ | |
| Books: £ | Travel: £ |
| Associated Costs: £ | |
| For which of the above are you seeking funding & how much do you require in total? | |
| Have you applied for funding elsewhere? If so, please state the outcome of your application. | |
| Have you undertaken any other study over the past year? If so, what, and how was it financed? | |
| Has the League funded any study for you before? If so, when and how much? | |

**NB. We expect all successful applicants to provide the committee with a
250 – 400 word report on completion of your studies**

Please return your completed application form, before the closing dates advertised on
the League Website and in the League News, to:

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| By email to: | scholarship.secretary@bartsleagueofnurses.org |
| Or by post to: | Diana Sherlaw, Honorary Secretary, 11 Linden Mews, 9a Mildmay Grove North, London N1 4RJ. |

Only fully completed forms will be considered – Thank you