

S.Y. Killingley Memorial Trust

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Registered Charity No. 1111891



supporting part-time students in the arts and humanities in the North-East of England www.syktrust.org.uk

Application form

Please complete this form by hand if possible, but typing is acceptable. Please use black ink, leaving at least a half-inch margin, so that it can be photocopied. Please include any information that you think would help us decide whether to give you a grant. If there is not enough space on this form, you may add one other sheet, written on one side only, and attach it with a paper clip (please do not staple).

'You' in this form refers to the applicant; 'we' refers to the trustees and selectors. We will treat the information

which you provide as co	onfidential.	
7 1		f and your circumstances
Surname or family name:		
Other names: (please underline the one y	you are usually known by)	
Address:		
Postcode:		
Phone (Home):	(Work):	e-mail address (if any):
Date of birth:		Gender: M / F
Education: Please tick th	ne box that corresponds most clos	ely to your highest educational qualification:
GCSE/O Level with fewer than five at grades A-C		\Box
GCSE/O Level with five or more at grades A-C		
A Level in one subject		
A Level in two or more subjects		
First degree		
Higher degree		
Other (please state)		
Employment status: Plea	ase tick the box or boxes that cor	respond most closely to your employment or other source of income
Employed full-time or self-employed full-time		
Employed part-time (less than 16 hours a week)		
Retired	,	
Student		

Any disability that affects your capacity to study or your ability to attend a course:

Unwaged in receipt of benefit Unwaged not in receipt of benefit

Other (please state)

Anything else you think we should know about yourself and your circumstances:

2. About what you want to do

(This may be with an institution suc	th as WEA, a further education college, or a university, or with a private teacher.)
Institution/teacher:	
Place:	
Subject:	Qualification to be gained (if any):
How long would the course take?	1 term 2 terms 3 terms Other period (please state)
When would it start?	How many hours of class time a week?
How many hours a week do you exp	pect to spend in private study?
What fees would you have to pay po	er term?
What weekly expenses would you h	nave to meet (e.g. transport; child minding)?
What one-off expenses would you h	nave to meet (e.g. books, equipment, materials)?
Why do you want to take this course	e?
Why do you consider you are suited	I to this course?
What do you think this course will o	do for you as an individual and as a member of the community around you?
	3. Letter of support
given, and your suitability for the pknows your academic work, such a	panied by a letter of support from someone who can vouch for the information you have proposed course. If it is a degree or diploma course, the letter should be from someone who as a teacher on the course, or someone who has taught you previously. The letter must be official capacity it must have an official letterhead. Please give his or her details below:
Name:	
Position in relation to the applicant	(e.g. employer, teacher, neighbour):
Address:	
Postcode:	
Phone (Home):	(Work):
e-mail address (if any):	
Please send your completed form, w	ith the letter of support, to:
S. Y. Killingley Memorial '9, Rectory Drive,	Γrust,

If you fold the form and letter, you can save postage by using an envelope measuring not more than 24 cm \times 16.5 cm (9½ in. \times 6½ in.). If you send them unfolded, please remember to pay the extra postage.

Newcastle upon Tyne NE3 1XT