Sir John Cass’s Foundation Distance Learning Scholarship Programme

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| Family Name: |
| Given Name: |
| Middle Name: |
| Email Address: |
| If you have already applied, what is your Student Number: |
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| Eligible students must meet the following criteria:* resident in London
* under 25 years old
* able to demonstrate that without the scholarship you would not be able to undertake an degree programme.
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| I confirm that I meet each of the above criteria: YES / NOIf you don’t quite meet the criteria, please provide some extra details to explain your circumstances: |
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| In the box below, please describe anything of relevance within the set criteria that you would like to make known for the selection process (if you run out of space then please attach additional paper to the application): |
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| **I confirm that all of the above details are true. Furthermore, if I am successful with my scholarship application, I confirm that I will engage fully with my studies.**Signature: Date: |