

Please read the guidance notes on the website below before completing this application form.
 Only complete applications will be accepted, please do not send us separate sections. We cannot accept faxed forms.

SECTION ONE: TO BE COMPLETED BY THE STUDENT

Please complete this section yourself, using BLOCK CAPITALS

First name

Surname

Home address

Postcode

Email

 @

It is critical that you write your email address clearly, as this is how we will communicate with you throughout the application process

Home tel (inc code)

Mobile number

Gender MALE FEMALE

Date of birth

Name of your school / college

Town of your school / college

The information provided below is not used in the selection process for scholarships and the panel will not consider this information

Please tick the box that best describes your ethnic background

- White – British
- White – Irish
- Other white background
- Black or black British – Caribbean
- Black or black British – African
- Other black background
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Chinese
- Other Asian background
- Mixed – white and black Caribbean
- Mixed – white and black African
- Mixed – white and Asian
- Other mixed background
- Other ethnic background

Please tick any relevant boxes and attach additional information where necessary

- I have mobility problems
- I use a wheelchair
- I need information on disabled access
- I have a visual impairment
- I require information in large print, taped, Braille or on disk
- I have a hearing impairment
- I require an induction loop
- I require a sign language interpreter
- I use a guide or hearing dog
- I am dyslexic
- I require information on coloured paper
- I have a diagnosis of Asperger's Syndrome
- I have personal care support
- I have chronic medical issues
- I have mental health difficulties
- Other – give details on a separate sheet

ENQUIRIES AND COMPLETED FORMS TO

Becky Busby, Scholarship Coordinator, Student Recruitment and Admissions, The Stables, University of York, YO10 5DD

york.ac.uk/excellencehub/holbeck

holbeck@york.ac.uk

SUPPORTING INFORMATION FROM THE STUDENT

Please make sure you read the guidance notes before you complete this section.

You should note in this section if any of the universities you have applied for have already made you offers, as well as marking the relevant boxes overleaf.

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york.ac.uk/excellencehub/holbeck holbeck@york.ac.uk

SECTION TWO: TO BE COMPLETED BY THE STUDENT'S PARENT, CARER OR LEGAL GUARDIAN

Name and contact phone numbers of parent/carer

Name _____

Day

Evening

Name and contact phone numbers if the first contact is unavailable

Name _____

Day

Evening

Publicity consent

Do you consent to your son/daughter participating in any media recording (photographs, interviews etc) that will be used only for promotion and evaluation?

YES NO

Please list the universities/courses that the student has applied to for autumn 2017 entry
 (Please place a tick next to the institution if you have been made an offer)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

My son/daughter is in receipt of, or entitled to, discretionary payments at school/college, or has a household income below £42,875 (the Trust will carry out spot checks to verify this information).

The school/college has confirmed this in section three.

My son/daughter has significant circumstances in their personal, social or domestic life that have affected their studies adversely, which they have detailed in section one.

Do either of the student's parents/carers have experience of higher education – ie attended university or a H.E course?

YES NO

If you are in public care, please leave the section below blank.

Parent/carer 1 profession

Parent/carer 2 profession

Declaration

I have completed the form with the requested information to the best of my knowledge. I have read the guidance notes that accompany this application and I can confirm that I agree with all of the information detailed on the notes.

Data Protection: The information you provide will be passed to the University of York and will be shared with other organisations for the purposes of administration, statistical and research purposes only.

Please sign below to confirm that you agree with the statements above. We cannot process this form without your consent.

Signature _____

Printed name _____

Relation to student _____

Date signed _____

SECTION THREE: TO BE COMPLETED BY A MEMBER OF SCHOOL / COLLEGE STAFF

SUPPORTING INFORMATION FROM SCHOOL / COLLEGE STAFF

PLEASE NOTE THAT THIS STATEMENT HAS A CONSIDERABLE INFLUENCE ON THE STUDENT'S APPLICATION;
PLEASE READ THE GUIDANCE NOTES AVAILABLE ON THE WEBSITE.

Full name:

Direct telephone number:

Direct email:

If the student is eligible for discretionary payments from the school, or has a household income below £42,875,
please mark the box

Please outline the student's subjects and predicted grades at AS/A-Level (or equivalent):

IN FEWER THAN 300 WORDS, PLEASE GIVE RELEVANT DETAILS ABOUT THE STUDENT

Please sign below to verify that the information in this section and the details submitted by the student above are
accurate to the best of your knowledge

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