The Alan & Cyril Body Trust

Registered Charity no 1133557

**2022/23 GRANT APPLICATION FORM**

This form should be typed if possible. It must be accompanied by a current academic reference (see page 4). It can be printed out and signed by the applicant and the referee, then scanned and emailed to [FAPA@cardiff.ac.uk](mailto:FAPA@cardiff.ac.uk). The deadline is **31st January 2023**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal information** | | | | | |
| Surname |  | | | | |
| First name |  | | | | |
| Date of birth |  | | | | |
| **Academic attainment to date** | | | | | |
| Course of study |  | Which year of study are you in? | | |  |
| Cardiff term address |  | | | | |
| Home address |  | | | | |
| Telephone |  | | | | |
| Email |  | | | | |
| Amount requested | £      *Please state a specific amount* | | | | |
| **Estimated income for this academic year** (specify monthly or yearly) | | | | | |
| Student loan/grant | | | £ | | |
| Bursary(ies) | | | £ | | |
|  | | | £ | | |
| State benefits | | | £ | | |
| Earnings from work  ***(please supply a copy of your most recent payslip)*** | | | £ | | |
| Support from family members | | | £ | | |
| Other (give details) | | | £ | | |
| **Total** | | | £ | | |
| **Regular Expenses** | | | **£ per month** | | |
| Rent | | | £ | | |
| Utilities (gas, electricity, water) | | | £ | | |
| Broadband | | | £ | | |
| Phone | | | £ | | |
| Travel to and from University and/or placements | | | £ | | |
| Household shopping | | | £ | | |
| Other (give details) | | | £ | | |
| **Total** | | | £ | | |
| **Specific items (if you are seeking funding for them – please itemise)** | | | | | |
| **Item** | | | | **Cost** | |
|  | | | |  | |
| **Reason for application**  *Please tell us why you are making the application. You should include:*   1. *Something about your background and why you are doing your course* 2. *What you hope to do once you have finished the course* 3. *Details of your financial circumstances. You may need to expand on the simple financial details given above. The trustees will want to see that you have made practical and sensible arrangements to fund your course and live within a defined budget and that you have availed yourself of any help or work that is available to you. If your plans have gone wrong, please tell us about this. If you are living with someone, you need to set out your joint financial position.*   *You can take more space than a page if you need to and expand the form to do this.* | | | | | |
| **Background** | | | | | |
|  | | | | | |
| **Future hopes/plans** | | | | | |
|  | | | | | |
| **Financial circumstances** | | | | | |
|  | | | | | |
| *When you have completed this form you should pass it to your tutor so that s/he can complete the reference page.* | | | | | |

I confirm the information that I have given in this form is accurate and true:

Signed ……………………………*(signature of applicant)* Date…………………………….

**Personal reference from academic tutor**

      [Insert name of applicant]

has applied for a grant from the Alan & Cyril Body Trust which provides financial assistance to students of Cardiff University studying in the fields of Medicine, Dentistry, Healthcare, Biosciences, Pharmacy, Psychology, Law, Engineering or Education, who are finding it difficult to meet course related expenses, including living costs. The Trustees normally wish to see evidence that an applicant is a committed, hard-working student. P*lease complete the following reference as fully as you are able.*

|  |  |
| --- | --- |
| How long have you known the applicant? |  |
| Please outline the applicant’s academic achievements to date, giving grades where possible |  |
| Please describe the applicant’s approach to their study |  |
| Do you feel that the applicant is likely to complete the course? |  |
| Please state what you know about the applicant’s personal circumstances and their need for a grant from the trust |  |
| As far as you are aware is the information submitted by the applicant true? |  |
| Please describe any other factors you think are relevant for the trustees to award a grant to the applicant. |  |
| Your name |  |
| Your position in the University |  |

Signature………………………………………………………..Date………………………..