



HAVERFORDWEST TOWN COUNCIL

STUDENT BURSARY APPLICATION FORM

CONFIDENTIAL APPLICATION FORM

Haverfordwest Town Council is offering a student bursary scheme to provide financial assistance to an individual under the age of 21 years, towards costs incurred in attending University or College of Higher Education.

The bursary is limited to one payment of £1,000, subject to provision of proof of expenditure.

Applicants' main residence must be within the electoral boundaries of Haverfordwest, namely within Garth, Prendergast, Portfield, Castle and Priory wards.

Please return your completed application form, together with a CV and proof of acceptance onto your chosen university course/continuation of your university course to:

The Town Clerk, Haverfordwest Town Council, Picton House, 2 Picton Place, Haverfordwest, Pembrokeshire. SA61 2LU (applications by email will not be accepted).

The closing date for applications is Friday 23rd August 2019. The successful applicant will receive notification in October 2019, and will be required to submit appropriate proof of expenditure to enable the grant to be paid.

Full Name:

Date of Birth: Age at start of course:

Address:

Post code:

Ward of main residence (please circle): Garth / Prendergast / Portfield / Castle / Priory

Telephone no:

Mobile no:

Email address:

Length of residency in Haverfordwest:

Name and full address of University:

University Course details:

Qualification Level:

Course start date:

Course finish date:

Course fees if applicable:

What other financial support will you receive? Please be specific:

Please tell us what you want the bursary for and include costs of items.

- Please be specific – e.g. proof of tuition fees, give titles/authors of text books, exact equipment to be purchased etc – enclose photos if felt necessary.
- If you are successful in receiving a bursary, payment will only be made for items listed in your application form, accompanied by the relevant proof of expenditure.

Referee 1: Head teacher/Form teacher/University lecturer

Full Name:	
Job title:	
Name of School:	
Full address & postcode:	
Telephone Nos:	
Email address:	

Referee 2: A person (not a relative) who has known you for at least 5 years

Full Name:	
Full address & postcode:	
Telephone Nos:	
Email address:	
Relationship to you:	
How long has this person know you?:	

Where did you hear about the Haverfordwest Town Council Student Bursary?

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How would the Haverfordwest Town Council Student Bursary benefit your studies?

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Declaration:

I believe that all this information in this form is correct to the best of my knowledge and belief. I understand that if I give false information or withhold relevant information, this bursary may be cancelled and action may be taken to recover any money already paid.

I agree to inform the Clerk of Haverfordwest Town Council if I do not complete the university course for which the bursary is granted. I understand repayment of the bursary may be required in such circumstance.

Proof of completion of the university course must be provided to Haverfordwest Town Council at the end of its duration.

Applicant Signature:

Print Name:

Date