

THE ROBERT NICOL TRUST

INSTRUCTIONS FOR COMPLETION OF APPLICATION FORM

1. Answers to the questions must either be typed or printed legibly in block capitals.
2. Each question must be answered **IN FULL**. If any question is not answered fully, then the application form will be returned for amendment and may be refused if received after the closing date of 1st April (for the May meeting) or 1st August (for the September meeting).
3. Each applicant must submit along with their application form, Reports from two persons familiar with the Applicant's character and qualifications.
4. At least one of the Reports should be from an academic or professional person acquainted with the Applicant's educational studies. Please advise your Referees that they have the option of submitting their Report direct to the Trust Secretary, by e-mail or by post, if they would prefer this Report to remain confidential. The Reports must be received by the deadline date.
5. The application form and Referees' Reports should be submitted by post to the Secretary, The Robert Nicol Trust, 100 Union Street, Aberdeen, AB10 1QR or by e-mail to mqc@peterkins.com by the closing date of 1st April (for the May meeting) or 1st August (for the September meeting).

**APPLICATION
FOR A SCHOLARSHIP**

FROM

THE ROBERT NICOL TRUST SCHEME, 1949

1. I hereby apply for a Scholarship from the Trustees of Robert Nicol's Trust Scheme.
2. This is a first/renewal application *Please delete as appropriate*
3. I declare that the subjoined Statement of Particulars is correct; and I undertake, that if a Scholarship is awarded to me, I shall hold it subject to the Regulations made by the Trustees, a copy of which I have seen. I also undertake, in the event of my not commencing the studies in respect of which the Scholarship has been awarded, to repay the Scholarship to the Trustees.

Applicant's full name: _____

Home Address: _____

Term Time Address : _____
(if different) _____

Telephone : _____

E-mail : _____

Please specify which address is to be used for communications. In the event that no indication is given, correspondence will be sent to the home address.

Signature _____

Date : _____

ATTACH SEPARATE SHEET(S) SHOULD SPACE(S) BE INSUFFICIENT AND IF YOU WISH THE TRUSTEES TO BE MADE AWARE OF ANY FURTHER INFORMATION.

PERSONAL INFORMATION

Applicant's date of birth _____

Were you born in the City or County of Aberdeen? Yes / No

If no, where were you born? _____

Please state how long you have continuously resided in the City or County of Aberdeen immediately prior to this application. Please provide details of addresses and dates of residency

National Insurance number _____

Applicant's Marital Status _____

PREVIOUS EDUCATION

Educational career of Applicant to date :-

- (a) **Name and location of last Secondary School attended with dates :-**

- (b) **Please list here and on the next page all qualifications obtained at school level with the years when these qualifications were obtained :-**

(c) **Name(s) of College(s) or University(ies) attended with dates**

(d) **Please list all qualifications obtained to the present date at this level with the years when the qualifications were obtained :-**

(e) **Please note any significant prize or distinction obtained**

FUTURE EDUCATION

**(a) The course of study or research which the Applicant now proposes to undertake; name of qualification to be obtained; state location; date of commencement of Course and duration of Course.
Please state the academic year or part thereof for which financial Assistance is now being sought :-**

(b) For Courses to be attended outwith North-East Scotland, the reason for choosing the Institution concerned:-

(c) Career intentions of Applicant :-

FINANCIAL INFORMATION

Annual expenses (Including costs of course proposed)

Fees (other than paid by SAAS)	£
Travel	£
Books & Materials	£
Living Expenses	£
Rent (if applicable - state monthly amount £)	£
Mortgage (if applicable - state monthly amount £)	£
Car Expenses (if car owner)	£
Any other expenses	£

TOTAL	£

Amount of savings held	£

Projected shortfall	£

Amount of Grant requested	£

Please note that the Trust is a small Trust with limited income and therefore, may be able to offer only limited Grants.

FINANCIAL INFORMATION (Cont.)

If Applicant holds, or has applied for, any Bursary, Scholarship or Grant, state source, amount and duration :-

Details of any employment earnings or other income received during the past twelve months

Details of any employment earnings or other income anticipated during the next twelve months

Names, addresses and occupations of parents and/or partner, if appropriate

The extent of the financial assistance, if any, which Applicant may expect from their parents and/or partner or other private sources.

If you have previously received financial assistance from the Trust, please give the dates and amounts received
