

## Institute of Education and Humanities

### Youth and Community Work bursary 2020-21

Open to UK/EU citizens who are enrolling on the first year of a  
BA Youth and Community Work course at UWTS D:

**Deadline for applications: 4/09/2020**

Please complete the form in full as we will not consider an application form that is not fully completed and does not have all the required supporting evidence.

#### SECTION A: Your Personal Details

<b>Title:</b>	
<b>Full Name:</b>	
<b>Date of Birth:</b>	
<b>Student Number:</b>	
<b>Home Address:</b>	
<b>Email:</b>	
<b>Telephone:</b>	

#### SECTION B: Course Details

<b>Course Title</b>							
<b>Campus</b>							
<b>Level of study</b>	Full Time		Part Time		Undergraduate		Postgraduate
<b>Year of course</b>	1		2		3		4
<b>Home Country</b>	UK		EU		Other (please note)		

#### SECTION C: Bank Details - *Please write clearly to ensure payment can be made correctly*

Bank							
Sort Code			-			-	
Account Number							

#### SECTION D: Eligibility Criteria

This particular bursary is aimed at students from a widening participation background. Applications are therefore welcomed from prospective UG students who meet one or more of the following criteria: over 21, BME, LAC, part-time, have a Disability, are from a low participation neighbourhood or Welsh Medium. Please confirm all of the following which apply to you:

<b>Widening Participation background:</b>			
Over 21		Welsh Medium	
BME		Part Time	
LAC		Disabled	
		Low participation neighbourhood	

## SECTION E: Funding

Do you receive funding from any other source? (e.g. Parental Support / Private scholarships / Trust Fund )	Yes	
	No	

If yes, Please give details:

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## SECTION G: Student Declaration

- I confirm that all the information on this form is correct. I understand that giving false information may lead to rejection of my application and steps being taken to recover any payment made to me from the Scholarships and Bursaries Fund. I understand that for administrative purposes my information will be held on a database.
- I accept that the University reserves the right to request further information from me or clarification on the information supplied.
- I will inform you immediately of any changes to the information provided.

Print Name:

Signature:

Date:

Please return your completed application form to:

Lynda Lloyd Davies  
Student Finance Officer  
University of Wales Trinity Saint David

Email: [l.lloyd-davies@uwtsd.ac.uk](mailto:l.lloyd-davies@uwtsd.ac.uk)

**Office Use Only:**

Eligibility criteria satisfied	Institute approval	Date