Please ensure that you have read the accompanying Young Person’s Scholarship Programme Guidance before completing this form.

* **Complete all sections.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A: PERSONAL INFORMATION** | | | | | | | | | | | | | | | |
| 1. First Name | | | |  | | | | | | | | | | | |
| 1. Surname | | | |  | | | | | | | | | | | |
| 1. Date of Birth | | | |  | | | | | | | | | | | |
| 1. Email Address | | | |  | | | | | | | | | | | |
| 1. Telephone Number | | | |  | | | | | | | | | | | |
| 1. Home Address | | | |  | | | | | | | | | | | |
| 1. Term Time Address (if applicable) | | | |  | | | | | | | | | | | |
| 1. Purpose of application *(50 words)* | | | |  | | | | | | | | | | | |
| 1. How did you hear about North Berwick Trust’s Scholarship Scheme? | | | | | | | | | | | | | | | |
| North Berwick High School  North Berwick Trust Website  Social Media  East Lothian Courier  Word of mouth  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **SECTION B: APPLICATION CRITERIA** | | | | | | | | | | | | | | | |
| 1. Please check you meet all essential criteria (check all that apply): | | | | | | | | | | | | | | | |
| I am 16 – 25 years old  I live in North Berwick and/or attend/have attended North Berwick High School  I have a UK bank account  I have a demonstrable financial need which is preventing me from fulfilling my career ambitions | | | | | | | | | | | | | | | |
| 1. Please check any priority criteria which apply: | | | | | | | | | | | | | | | |
| I have a proven track record in taking initiative, showing determination and hard work.  I can demonstrate excellence in an area of education, sport, music, art or other creative pursuit, and would be unable to progress without grant support.  If successful, I would act as an advocate for North Berwick Trust Ltd and help promote the work the Trust does.  My application shows I am a good role model to other young people in North Berwick.  I am committed to volunteering and using my skills to help our community.  I am a young person from a disadvantaged background.  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **SECTION C: QUALIFICATIONS AND EMPLOYMENT** | | | | | | | | | | | | | | | |
| 1. Name of your current/last school or college   (Include date you left if applicable) | | | |  | | | | | | | | | | | |
| 1. Please provide details of qualifications awarded below: | | | | | | | | | | | | | | | |
| Date Awarded | | | | | | Qualification | | | | | | * Place of Study | | | |
|  | | | | | |  | | | | | |  | | | |
| 1. Employment History – Please provide details of any current or previous paid or unpaid (volunteer roles, work experience etc) employment below: | | | | | | | | | | | | | | | |
| Start Date | | End Date | | | | | | | Job Title | | | | Name of Employer | | |
|  | |  | | | | | | |  | | | |  | | |
| **SECTION D: HOUSEHOLD FINANCIAL SITUATION**  **Please enter details for all members of your household. Applications will not be considered unless this section has been completed. Please provide evidence as outlined in the programme guidance.** | | | | | | | | | | | | | | | |
| 1. Please provide details for all members of your household below | | | | | | | | | | | | | | | |
| Full Name | Relationship to you | | | | | | Age | | | Occupation | | | | Annual Gross Income from all sources (£) | |
|  |  | | | | | |  | | |  | | | |  | |
| **16.** Total Household Income (£) | | | |  | | | | | | | | | | | |
| **SECTION E: PERSONAL STATEMENT – TELL US ABOUT YOUR PROPOSED COURSE OR ACTIVITIES** | | | | | | | | | | | | | | | |
| **17.** Please tell us more about yourself and provide a summary of the course or activity for which you are seeking funding. Please use this section to **demonstrate clear evidence of need**. *(Around 300 words)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **18.** What **key outcomes** will you achieve as a result of the course or activities that you are seeking funding for?   Under each outcome what key targets (activities) will you deliver in order to make these outcomes happen? *(Around 300 words).* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **19.** How do you think obtaining the grant will help you in the future? *(Around 100 words)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **20.** Where will your course or activities take place? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **21.** What is the start date for your course? | | | | | | | |  | | | | | | | |
| **22.** What is the finish date for your course? | | | | | | | |  | | | | | | | |
| **SECTION F: BUDGET**  **Your application must come with a detailed budget. We need full details of your income and expenditure relating to the course or activities we are being asked to support.** | | | | | | | | | | | | | | | |
| **23.** How much funding are you applying for? (Up to £10,000 is available) | | | | | | | |  | | | | | | | |
| **24.** What is the total budget for your course or activities? | | | | | | | |  | | | | | | | |
| **25.** | | | | | | | | | | | | | | | |
| Description of Activity | | | | Total Net Cost (£) | | | | NBTL Grant Requested (£) | | | Net cost remaining (£) | | | | Other Funding Sources |
|  | | | |  | | | |  | | |  | | | |  |
| **Totals** | | | |  | | | |  | | |  | | | |  |
| **26.** Have you tried other sources of funding? | | | | | YES:  NO: | | | | | | | | | | |
| If YES, which ones, and what was the outcome/advice? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| If NO, why not? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **27.** What would happen to your course or activities if your application to NBTL was unsuccessful? *(Around 100 words)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **28.** How do you intend to fund the remainder of your course or activities? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **SECTION G: MONITORING AND EVALUATION** | | | | | | | | | | | | | | | |
| **29.** The Trust expects to receive updates on the progress of the scholarship holders. Please give details of how you will monitor and evaluate your work, both throughout the course/activity and at its conclusion, and how you will report on progress and final outcomes/impacts to North Berwick Trust Limited.*(Up to 300 words).* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **SECTION H: REFEREE**  **Please provide contact details of a teacher, tutor or employee who can verify your achievements and your personal statement set out in this application** | | | | | | | | | | | | | | | |
| **30.** Name | | | | |  | | | | | | | | | | |
| **31.** School/Employer | | | | |  | | | | | | | | | | |
| **32.** Address line 1 | | | | |  | | | | | | | | | | |
| **33.** Address line 2 | | | | |  | | | | | | | | | | |
| **34.** Town/City | | | | |  | | | | | | | | | | |
| **35.** Postcode | | | | |  | | | | | | | | | | |
| **36.** Email | | | | |  | | | | | | | | | | |
| **37.** Telephone number | | | | |  | | | | | | | | | | |
| **SECTION I: ACCEPTANCE AND DECLARATION** | | | | | | | | | | | | | | | |
| **38.** I agree that North Berwick Trust Limited can create and maintain computer and paper records of data contained in this and any other official documentation and that this will be processed and stored in accordance with the General Data Protection Regulations (GDPR).  I confirm that all the information given by me on this form is correct and accurate, and I understand that if any of the information I have provided is later found to be false or misleading, any subsequent offer(s) of funding, or agreed staged payments, will be suspended or withdrawn, and any monies paid may be reclaimed.  If I am successful in gaining a scholarship, I agree to be part of wider Trust activities where appropriate and including, but not limited to: appearing in Trust publicity, promoting the Trust’s work and attending any scholarship presentations or events.  Please check this box to confirm your acceptance of this declaration. | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | |
| Date: | | |  | | | | | | | | | | | | |

**CATION CRITERIA –**