



KATHLEEN & MICHAEL CONNOLLY FOUNDATION

Scholarship Application Form Higher Education

IMPORTANT NOTICE:

- Answer all questions in PRINTED CAPITALS and BLACK INK
- Please provide as much detail as possible to support your application
- Return your completed application form in an envelope clearly stating “Kathleen and Michael Connolly Foundation Scholarship Application” to the Sixth Form Office by the 1st May
- Applications received after 1st May will NOT be processed
- You will receive official notification about the success of your application during July
- All awards are subject to the successful completion of learning targets
- **WARNING: Please do not contact the Connolly Foundation direct about your application – please be patient!**

Part 1: Personal Details

First Name (in full)	
Surname (in full)	
Gender (<i>please circle</i>)	Male Female
School Attended	
Tutor Group	
Date of Birth (DD/MM/YYYY)	
Age (in years)	
Full Correspondence Address (including postcode)	
Telephone Number	
Email Address	

Part 2: Course Details

Is this your 2 nd or 3 rd year in the Sixth Form?	
What subject(s) are you studying and at what level?	

What Universities have you applied to?	Course Title	Offer Received

Part 3: Grades

AS Level or Equivalent Subject	Grades Achieved

A Level Subject	Grades Predicted

Part 4: 16 – 19 Bursary Fund

Have you applied for the 16 –19 Bursary Fund? <i>(Please circle)</i>	Yes	No
If no, please explain why you have not applied		
If your application for the fund was declined, please explain why?		
Are you receiving the discretionary fund or full bursary? <i>(please circle)</i>	Discretionary Fund	Full Bursary
If you are receiving the discretionary fund from your college, how much per week/ term/ half yearly do you receive?	_____	

Part 5: Personal Status/Accommodation Details

Do you:	<i>Please circle</i>	
Live alone?	Yes	No
With both parents?	Yes	No
With a single parent?	Yes	No
With your partner or spouse?	Yes	No
In shared accommodation?	Yes	No
How many other children live at this address (under 18 years of age)?		
Other (please explain)?		

At University will you:	<i>Please Circle</i>	
Live alone?	Yes	No
With your partner or spouse?	Yes	No
In shared accommodation?	Yes	No
In a Hall of Residence?	Yes	No
With your parent(s) or guardian?	Yes	No

Part 6: Your Dependants

Do you have any children who are financially dependent on you? <i>(please circle)</i>	Yes	No
If yes, please give their full name and date of birth (DD/MM/YYYY)		
Do you have any adults who are financially dependent on you? <i>(please circle)</i>	Yes	No
If yes, please give details		

Part 7: Disability/Special Medical Needs

Do you have a disability or chronic medical condition?	
Do you need to purchase any special equipment/materials or make special arrangements because of this?	
If yes, please give details	

Part 8: Career Aspirations

Please explain why you would like to go to University and what you would like to do for a career after you leave. We appreciate that you may not have made a final decision at this stage, but the Foundation would like to know about your future plans. Explain what courses you have applied for at University and why you are interested in them/think you will be suited to these courses. Please explain in as much detail as possible.

Part 9: Special Circumstances

Please state why you are in financial difficulty and why you believe your situation to be exceptional, and to merit a Connolly scholarship. Please explain in as much detail as possible, remembering that it is up to you to state your case and show that you are worthy of a scholarship.

Part 10: Income/Expenditure and Bank Details

Have you been awarded a Maintenance Grant by the Local Education Authority? (please circle)	Yes	No
If yes, how much will this be?		
If no, why was your application declined?		
What other costs do you have?		
Will you be applying for a Scholarship or Scholarship from your chosen University?		
Will you be receiving any other benefits, such as: <ul style="list-style-type: none"> • Adult Dependant’s Grant • Childcare Grant • Disabled Students’ Allowance • Child Benefit • Housing Benefit/Council Tax Benefit 		
Have you applied for any Scholarships or scholarships elsewhere? (please circle)	Yes	No
If yes, please explain		

Please give your bank account details:	
Name of Bank:	
Name Account Held In:	
Account Number: <i>(NOT the 16 digit card number)</i>	
Sort Code:	

Confidentiality:

Applications are seen only by the scholarship panel. It may be necessary for the panel to seek additional supporting information from other school staff in order for the panel to reach a decision.

Declarations:

I declare that the information that I have given on this form is correct and complete to the best of my knowledge.

I understand that giving false information will automatically disqualify my application and may also lead to disciplinary procedures.

I further undertake to repay any scholarships obtained by me as a result.

Printed Full Name:	
Signature:	
Date (DD/MM/YYYY):	
Email address:	

FOR COMPLETION BY THE SCHOLARSHIP PANEL

ACADEMIC/PERSONAL REFERENCE

Attendance Record	
Punctuality	
Academic Qualities/ Commitment to studies/ Potential for further study	
Personal qualities/attitude/behaviour	
Estimated Grades:	

Initial Decision by School:	
Signature:	
Date:	