

**SCHOLARSHIP DETAILS**

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| Name of Scholarship | **Santander Opportunities Fund** |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Forename |  |
| Surname |  |
| Abertay Student No |  |
| Date of Birth |  |
| Nationality |  |
| Correspondence Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |

**COURSE INFORMATION**

|  |  |
| --- | --- |
| Name of Course |  |
| Year of Study |  |

**BANK DETAILS**

Bank details for award payment will be requested from successful applicants upon notification of the application outcome (if applicable).

**INDIVIDUAL ELIGIBILITY CATEGORY & EVIDENCE CHECKLIST**

Please indicate which category you are applying under and then indicate which **one** piece of evidence from that category you are providing to support your application.

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| *0* | *Example Category*  *Evidence type 1*  *Evidence type 2* |  |
| 1 | Students with a household income\* under £34,000 (discounting personal earnings)  SAAS Award Letter (available in your online SAAS account)  Student Finance Award Letter (all pages – usually available in your online Student Finance Account)  Household income evidence as agreed by a Student Advisor (This must be agreed with an Advisor before applying) |  |
| 2 | Care Experienced students  SAAS Award Letter showing entitlement to Care Experienced Bursary  A letter from your Local Authority confirming your status as Care Experienced |  |
| 3 | Students under 25 who are irreconcilably estranged from their parents/guardians  Confirmation from SAAS/Student Finance that you have been assessed as being estranged for funding purposes  A 3rd Party Professional Person Statement – available on request from [advisory@abertay.ac.uk](mailto:advisory@abertay.ac.uk) |  |
| 4 | Student with disabilities or long term medical conditions (including specific learning difficulties and mental or physical health conditions)  DSA Award Letter  A letter from a relevant member of support staff within Abertay Student Services (i.e. Disability Advisor / Specific Learning Difficulty Advisor / Mental Health Advisor / Counsellor)  A letter from a medical professional confirming your diagnosis (such as a GP or Psychologist) |  |
| 5 | Students who are single parents  SAAS Award Letter showing Lone Parent Grant entitlement  Tax Credit / Universal Credit Award letter (all pages)  Council Tax Letter with 25% single person discount |  |
| 6 | Students with caring responsibilities (A carer is anyone who cares, unpaid, for a friend or family member (including children) who due to illness, disability, a mental health problem or an addiction cannot cope without their support)  A 3rd Party Professional Person Statement – available on request from [advisory@abertay.ac.uk](mailto:advisory@abertay.ac.uk) |  |
| 7 | Student with other exceptional circumstances which have a significant financial impact on their ability to undertake an eligible opportunity (This must be discussed with an Advisor before applying)  Evidence as agreed by a Student Advisor |  |

**Applications will not be complete until all relevant evidence has been submitted.** If you are experiencing any problems obtaining the relevant evidence please get in touch with the Advisory Service or attend a drop in session.

**STUDENT SIGNATURE**

By signing below I am confirming that:

* I have read the application guidance notes
* I have provided the relevant evidence to support my application
* I confirm that the information provided within this application is true and accurate to the best of my knowledge and belief.
* I confirm that I am happy to accept the award conditions if my application is successful

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| --- | --- |
| Signature |  |
| Date |  |

**FURTHER INFORMATION**

**Awards will be given to those who can demonstrate their motivational commitment and financial need, so please explain as fully as possible how this award will make a difference to you. Please answer the questions below to the best of your ability. In the final section please provide a breakdown of the costs associated with your chosen opportunity**

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| **Motivational Requirements**  *The Award relates to motivations for a career in your chosen degree. Please provide details of why you chose your degree, your interest in your chosen industry and any relevant work experience to date. We are also particularly interested in your career plan beyond successful completion of the course (Max 400 words)* |
| **Economic Requirements**  *The award relates to economic need, so please explain as fully as possible how the Award will make a difference to you, noting any particular personal financial circumstances. (Max 400 words)* |

**Breakdown of opportunity costs**

*Please provide a breakdown of all costs which would be incurred in order to allow you to fulfil your chosen opportunity. The accompanying guidance notes provide details of the amount and type of funding that may be awarded however all awards are subject to the decision making panel’s discretion.*

**Option A. Conference/Event**

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| Name of Conference/Event |  |
| Date of Conference/Event |  |
| Link to Event Itinerary/Details |  |

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| **Essential Opportunity Expense(s)** | **Estimated Cost** | **Contribution from any other source** | **Available Personal Contribution (if any)** |
| Conference/Event Fees Costs | £ | £  Name of Source: | £ |
| Travel  Bus Rail Air  Car | £ | £  Name of Source: | £ |
| Accommodation (away from home or term time address) | £ | £  Name of Source: | £ |
| **Other Expenses (provide details/description)** | | | |
|  | £ | £  Name of Source: | £ |
|  | £ | £  Name of Source: | £ |
|  | £ | £  Name of Source: | £ |

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| **Please provide any other information relating to this opportunity that you feel is relevant to your application** |
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**Option B or C. Placement or Internship**

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| Employer’s name and address | |
|  | |
| Placement/Internship Duration (weeks / months) |  |
| Placement/Internship Start Date (DD/MM/YY) |  |
| Placement/Internship End Date (DD/MM/YY) |  |
| Are you receiving any payment for undertaking this placement? | Yes / No |
| If Yes, please state the total payment expected and provide evidence of this if available. | £ |

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| **Essential Opportunity Expense(s)** | **Estimated Cost** | **Contribution from any other source** | **Available Personal Contribution (if any)** |  |
| Travel  Bus Rail Air  Car | £ | £  Name of Source: | £ |  |
| Accommodation (away from home or term time address) | £ | £  Name of Source: | £ |  |
| PVG Costs | £ | £  Name of Source: | £ |  |
| Specialised Workwear (i.e. overalls, lab coats etc.) | £ | £  Name of Source: | £ |  |
| **Other Expenses (provide details/description)** | | | |  |
|  | £ | £  Name of Source: | £ |  |
|  | £ | £  Name of Source: | £ |  |
|  | £ | £  Name of Source: | £ |  |

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| **Please provide any other information relating to this opportunity that you feel is relevant to your application** |
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**Option D. Travel abroad to visit a Partner University**

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| Partner University’s Name |  |
| Travel Abroad Duration (weeks / months) |  |
| Study Abroad Period Start Date (DD/MM/YY) |  |
| Study Abroad Period End Date (DD/MM/YY) |  |
| Are you receiving any other funding specifically for this opportunity? | Yes / No |
| If Yes, please state the total amount of funding you have been granted and provide evidence of this if available. | £ |

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| **Essential Opportunity Expense(s)** | **Estimated Cost** | **Contribution from any other source** | **Available Personal Contribution (if any)** |
| Travel  Bus Rail Flights | £ | £  Name of Source: | £ |
| Accommodation  (if not provided) | £ | £  Name of Source: | £ |
| Health Insurance | £ | £  Name of Source: | £ |
| Vaccinations | £ | £  Name of Source: | £ |
| Visa Costs | £ | £  Name of Source: | £ |
| **Other Expenses (provide details/description)** | | | |
|  | £ | £  Name of Source: | £ |
|  | £ | £  Name of Source: | £ |
|  | £ | £  Name of Source: | £ |

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| **Please provide any other information relating to this opportunity that you feel is relevant to your application** |
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