



Grant Application Form - MEDICAL TOOLKIT/ELECTIVE BURSARY ONLY

Please complete and return by email to: enquiries@thevictoriafoundation.org.uk or by post to: Graham Ball, Chief Executive, The Victoria Foundation, St David’s House, 15 Worples Way, Richmond, TW10 6DG.

Application details

Male Female

First names: _____ Title: _____

Surname: _____

Address: _____

Postcode: _____

Email: _____

Telephone: _____

Home Address: _____

Postcode: _____

How did you hear about The Victoria Foundation?

Friend/colleague Online search University Website: Charity/Foundation

Other (give details) _____

Grant details

Which grant are you applying for? Medical Toolkit

Which grant are you applying for? Elective Bursary

Date of Elective From ____/____/____ to ____/____/____

Have you applied for/received for a grant from TVF previously? Y/N If Yes please provide the date: ____/____/____

SECTION A:

NOTES TVF is unable to award a grant towards tuition fees and awards support to UK residents studying at UK universities. Please submit your application when you have commenced studying medicine and complete all sections below.

Your date of birth	/ /	Secondary school attended	
Alternative email address			
University you are attending			
Current year of university study		Are you living with your parents whilst at university?	Y/N
Is this your second-degree course?	Y/N	Do you have any student loans and if so, how much do you currently owe the Student Loan Company	£
Date you will graduate	/ /		
Please provide details of your current income and expenditure per annum			
Family circumstances		Approximate family income per annum	£
Do you have any brothers or sisters?	Y/N	If yes, please provide details of their ages	

SECTION B:

Please complete all questions

Please provide details of the grant you are applying for and how it will benefit you?

What will happen if you do not receive our help?

Please give as much information as possible to explain why you want a grant from TVF and anything else that you think may help us understand the reason(s) in more detail and reach a decision:

We need you to provide the name, position and contact details of someone within the medical faculty at the university you are studying at who is be able to support your application. Please ask them to sign and date your application along with the official stamp of the university. We may contact them to discuss how this grant would assist you.

Name:

Position:

University:

Email:

Telephone:

Signature:

Date:

NB During COVID-19 we will be able to accept grant applications which are not signed above and without the official stamp.

University Official Stamp

Please sign and date below to confirm the information you have provided on this form is correct

YOUR SIGNATURE:

DATE:

If you have any questions contact: enquiries@thevictoriafoundation.org.uk or call 020 8332 1788.

Please return the form by email to: enquiries@thevictoriafoundation.org.uk or by post to:

The Victoria Foundation, St David's House, 15 Worple Way, Richmond, Surrey TW10 6DG.

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The Victoria Foundation

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