
The Leverhulme Trade Charities Trust

1 Pemberton Row, London EC4A 3BG
Secretary: Paul Read FCCA MCT FRSA

UNDERGRADUATE BURSARY SCHEME

Declaration and justification of financial need

TO BE COMPLETED BY QUALIFYING PARENT/SPOUSE:

1) **UNDERGRADUATE DETAILS:**

Name: _____

Date and place of birth: _____

Address: (home) _____

_____ Postcode: _____

University: _____

2) **PARENTS/SPOUSE IN QUALIFYING EMPLOYMENT:**

Names: _____

Address: (home) _____

_____ Postcode: _____

NAME OF EMPLOYER OR BUSINESS (IF SELF EMPLOYED) AND ADDRESS: _____

TYPE OF WORK OF EMPLOYER OR BUSINESS: _____

Pharmacists: Please include your RPS Membership Number _____

Commercial Travellers: Please enclose a letter from your current or most recent employer confirming your eligibility in accordance with our definition.

Grocer: Please include a copy of your latest accounts and in Addition an analysis of products sold by category.

DATES STARTED/ENDED THIS WORK: _____

DATE STARTED RETIREMENT/UNEMPLOYMENT (if applicable) _____

TO BE COMPLETED BY QUALIFYING PARENT/SPOUSE:

3) CHILDREN:

Names, dates and places of birth of each child: _____

a) attending school – name of school and whether private or state: _____

b) attending University – name of University _____

c) Unemployed _____

d) Employed: _____

4) INCOME:

a) Fathers' earned income in last 12 months: _____

b) Mothers' earned income in last 12 months: _____

c) Social Security Benefit received in last 12 months: _____

- specify type and amount

d) If self employed a copy of last years accounts: _____

e) Property – do you pay rent or mortgage: _____

Proof of income maybe asked for, false information given may result in the bursary being withdrawn and/or past payment reclaimed.

Signature of Both Parents:

Father Date

Mother Date

SpouseDate

If only one signature please explain why.

The Trust is registered under the 1998 Data Protection Act and you are reminded that your personal information will be processed in accordance with the provisions of this Act.