**Bursary Application Form**

Please read the Bursary Application Guidelines before completing and submitting this form.

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|  **Personal Details** |
| **First Name:** |  | **Surname:** |  |
| **Service No:** |  | **DOB:** |  |
| **Home Address:** |  |
| **Postcode:** |  | **Email:** |  |
| **Mobile:** |  | **Service:** |  **ARMY RN RAF** |
| **Rank:** |  | **Enlisted Date:** |  |
| **Last day of service:** |  | **In Resettlement phase?** |  **YES** | **NO** |
| **Have you spent your ELC entitlement?****Please detail:** |  |
| **Please give details if you have any disability** |  |
| **Please give details if you have any dependents** |  |

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|  **Formal Education**  |
| **Civilian Qualifications:** |
| **Subject /Level/ Institution**  | **Grade:** | **Dates:** |
|  |  |  |
| **Service Qualifications** |
| **Subject/Level** | **Dates:** |
|  |  |
| **Membership of Professional Bodies** |
| **Name of Institution** | **Description of Membership** | **Date Awarded** |
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|  **Employment History** |
| **Job Title/Description:** | **Employer:** | **Dates:** |
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|  **Intended Course**  |
| **Course Name:** |  | **Provider Name:** |  |
| **Provider Location Details:** |  |
| **Overall Start Date of Qualification** |  **DD** |  **MM** |  **YYYY** | **Overall End Date of Qualification**  |  **DD** |  **MM** |  **YYYYY** |
|  |  |  |  |  |  |
| **Overall Qualification** |  |
| **Please indicate if you are studying a HE or FE course** | **Further education (FE)**  | **Higher Education****(HE)** |  **Other** |

Please provide details of the course or modules of study to be undertaken in the first year with this Provider, and the cost of tuition.  PLEASE NOTE: You will be required to submit a claim for each academic year of the course.

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| --- | --- | --- | --- | --- |
| **Course/Module Title**  | **Course code** | **Start Date** | **End Date** | **Full cost of course/Module Tuition Fees** |
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**Personal Statement**

Your personal statement will be used to inform the Officers Association Scotland why you are applying for this bursary.

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| --- | --- |
| **What do you want to study?** **Please provide details of course** |  |
| **Why have you chosen to undertake this course?** |  |
| **How will undertaking this course benefit you in your future employment?** |  |
| **How will this bursary make a difference to you and your studies?** |  |
| **Any relevant circumstances to be taken into consideration when reviewing your application?** |  |

**Individual Declaration**

1. I declare the accuracy of the details on this form and apply to claim for a subsidy to pay for tuition fees
2. I confirm I have checked existing national educational funding and that I am NOT eligible for support to pay for tuition fees by other routes
3. I confirm that I am using an approved provider delivering state-funded FE/HE qualifications and my chosen course is state funded
4. I confirm that I am not in receipt of any other funding to pay towards the tuition fees
5. I agree that in accepting this bursary I shall commit to the completion of my study
6. I agree that if I fail to complete the course then OA Scotland have a right to reclaim the bursary
7. I understand that if I have declared false information, action shall be taken to reclaim the full bursary from me.

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| --- | --- | --- | --- | --- | --- |
| **Signature:** |  | **Date:** | **DD** | **MM** | **YYYY** |

Please return your completed application to:

Electronically to H.mcveigh@oascotland.org.uk

Or by post to:

Heather McVeigh

Officers Association Scotland

New Haig House

Logie Green Road

Edinburgh

EH7 4HR

The Officers Association acknowledges applications and will get back to you within a week to arrange a face to face interview. If you have any queries then please contact us on h.mcveigh@oascotland.org.uk

**Official Use Only**

Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y/N Sig: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_