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| **SRF Vacation Scholarship Application Form**  |  |
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| **WE HAVE PREPARED THIS DOCUMENT FOR YOU TO DOWNLOAD AND TO ASSIST YOU IN THE PREPARATION OF YOUR APPLICATION. THE FINAL APPLICATION MUST BE SUBMITTED BY COMPLETING THE ONLINE APPLICATION FORM.** |
| **YOUR DETAILS** |
| **Title \***  |   |
| **First Name \***  |   |
| **Last Name \***  |   |
| **Date of Birth \***  |   |
|  |  |
| **UNIVERSITY AND COURSE DETAILS** |
| *Please provide details of the university or college where you are currently enrolled as a student.* |
| **University/College \***  |   |
| **Department \***  |   |
| **You term-time address \***  |   |
| **Telephone number: \***  |   |
| **Email Address \***  |   |
| **Year study commenced \***  |   |
| **Current year of study \***  |   |
| **Degree subject and type \***  |   |
| **Courses completed and results \***  |   |
| **Where possible, please list individual module scores and overall year grades** |   |
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| **OUT OF TERM DETAILS** |   |
| **Home address \***  |   |
| **Telephone \***  |   |
| **Email Address \***  |   |
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| **PROJECT DETAILS** |   |
| **Project Title \***  |   |
| **Laboratory and Project Address \***  |   |
| **Project background** *(max 200 words)* |
|   |
| **Project aims** *(max 200 words)* |
|  |
| **Project experimental materials and methods** *(max 300 words)* |
|  |
| **Reasons for undertaking the project (must be completed by the student) \*** **Maximum 350 words**  |
|    |
| **Period of support sought \***  |   |
| **Proposed Start Date \***  |   |
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| **REFEREEE AND DEPARTMENT CONTACTS** |   |
| **REFEREE** |
| *The Referee should be the student's academic tutor or director of studies who can give an informed opinion on the student’s performance to date, and their suitability for a placement. The SRF will contact your referee to ensure that they support your application. Failure to provide a reference before the Committee meets to consider applications may lead to your application being disqualified. Please contact your referee ahead of the application deadline to ensure they are willing and able to provide a reference in time.* |
| **Referee Title \*** |   |
| **Referee First Name \*** |  |
| **Referee Last Name \***  |   |
| **Referee's Job Title \***  |   |
| **Referee Email Address \***  |   |
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| **SUPERVISOR** |
| *Your Supervisor must be a paid up SRF member. We will contact your Supervisor to ensure they support your application.* |
| **Supervisor’s First Name\*** |  |
| **Supervisor's Last Name \***  |   |
| **Supervisor's Position \***  |   |
| **Supervisor Email Address \***  |   |
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| **HEAD OF COLLEGE/SCHOOL/DEPARTMENT** |
| *The SRF will contact your Head of College/School/Department to confirm that a) they consent to this research project being carried out in their department. b) this project does not constitute any part of the normal degree course of the student* |
| **Head of College/School/Department Title \***  |   |
| **Head of College/School/Department First Name \***  |   |
| **Head of College/School/Department Last Name \***  |   |
| **Head of College/School/Department Position \***  |   |
| **Head of College/School/Department Email \***  |   |
|  |  |
| **FINANCE OFFICER** |
| *The SRF will contact the College/School/Department Finance Office to confirm that they accept the terms of this award.* |
| **Finance Officer Title \*** |  |
| **Finance Officer First Name \***  |   |
| **Finance Officer Last Name \***  |   |
| **Finance Officer Email \***  |   |