

The SCHOLARSHIP

APPLICATION FORM

CLOSING DATE

1st December

Please do not extend this form beyond the 3 page format. Extensions / attachments such as CVs cannot be considered.

Contact Catharine Bull, Scholarship Organiser

07891 637705 catharine@spab.org.uk if you have any queries about the Scholarship.

You can also apply online at: <https://www.spab.org.uk/content/apply-spab-scholarship>

Return by e mail to the above or post to "Scholarship Application" SPAB 37 Spital Square, London E1 6DY

SURNAME FIRST NAME (Mr/Mrs/Ms/Miss)

ADDRESS HOME TEL (HOME)
EMAIL

WORK: Name and Address of Employer TEL (WORK)
EMAIL

DATE OF BIRTH (optional): DRIVING LICENCE? Y / N CAR OWNER? Y / N

HAVE YOU ATTENDED ANY SPAB COURSES? Y / N If so which

ARE YOU A MEMBER OF SPAB? Y / N

WHERE DID YOU HEAR OF THE SPAB SCHOLARSHIP?

EDUCATION AND PROFESSIONAL QUALIFICATIONS (post GCSE **state** RIBA PtI/II/III or equivalent where appropriate):
Institution Name Qualification gained Dates (from - to)

EMPLOYMENT
Employer's Name Work undertaken Dates (from - to)

IN NO MORE THAN THE SPACE PROVIDED STATE WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP,WHAT YOU CAN CONTRIBUTE TO IT AND GIVE ANY OTHER INFORMATION YOU THINK WILL ASSIST YOUR APPLICATION:.

GIVE BRIEF DETAILS OF RELEVANT HOBBIES/INTERESTS (INCL. MEMBERSHIP OF OTHER SOCIETIES ETC):

PLEASE GIVE TWO REFEREES WHO MAY BE CONTACTED BEFORE INTERVIEW (at least one work connected):

NAME

NAME

Dates of acquaintance

Dates of acquaintance

POSITION

POSITION

ADDRESS

ADDRESS

TEL

TEL

E mail

E mail

ARE THERE ANY ADJUSTMENTS WE COULD PUT IN PLACE TO MAKE THE PROGRAMME MORE ACCESSIBLE FOR YOU?

THE SCHOLARSHIP INVOLVES ALMOST TOTAL COMMITMENT FOR NINE MONTHS, INCLUDING MANY WEEKENDS AWAY FROM HOME. ARE YOU ABLE TO MAKE THAT COMMITMENT?

I have read the Scholarship notes and terms of acceptance and agree to the commitment required.

SIGNATURE

DATE