

The Sutherland Page Trust
Scottish Charity Number SC009227

Did you receive financial assistance from the Trust last year?	Yes/No
If yes, how much	£

Office use	
Granted	Amount
Yes / No	£

Personal Details

(Please use **BLOCK** capitals)

University: _____	
Surname: _____	Matriculation No: _____
Forename(s): _____	Date of Birth: _____
Marital Status: _____	Place of Birth: _____
Dependent Children: _____	Number: _____ Age(s): _____
Term time address: _____	
Postcode: _____	
Permanent home address _____	
Postcode: _____	
Birthplace of Father: _____	Mother: _____
Course: _____	
Year of Study: _____	Number of years in course: _____
Medicine <input type="checkbox"/> Law <input type="checkbox"/> Arts <input type="checkbox"/> Divinity <input type="checkbox"/> Science <input type="checkbox"/> (please tick as appropriate)	
Please tick this box if you have been domiciled in Scotland or ordinarily resident in Scotland for three continuous years immediately prior to entry to university. <input type="checkbox"/>	

Accommodation

Type of accommodation (please tick as appropriate)	Rent/Mortgage £ (per month)	Rent includes (please list what is included in your rent eg meals, gas, electricity etc)
Private rented <input type="checkbox"/>		
Own home or owned by parents/family <input type="checkbox"/>		
Parental home <input type="checkbox"/>		
Student residence <input type="checkbox"/>		

Financial Position

Bank/Building Society Accounts		Current Balance
Name of Bank		
(1)		£
(2)		£
Name of Building Society		
(1)		£
(2)		£
Credit card facilities – please state cards held by you and any current debts owed		
(1)		£
(2)		£
(3)		£
Hire purchased facilities – amounted owed		
(1)		£
(2)		£
Loans – other than SLC student loans		
(1)		£
(2)		£
Others		
(1)		£
(2)		£

Income

Are you in receipt of or do you expect to receive a Grant/Bursary?		Yes/No
Awarding body		
If yes, how much do you receive/expect to receive	£	
Student loan applied for – Yes/No		
If yes, how much do you receive/expect to receive	£	
	Total	£ _____
Parental contribution	Monthly	£
Part-time/casual employment	Monthly	£
Spouse/partner's/civil partner's income	Monthly	£
Bank/Building Society interest	Monthly	£
Child allowance/maintenance	Monthly	£
Additional income – source		
(1)	£	
(2)	£	
(3)	£	
	Total	£ _____

Family Financial Circumstances

This section should be completed by a parent or guardian if the applicant is financially dependent.

Applicants will not normally be regarded as independent of parental support if they are under 24 years of age on the 1st day of October of the academic year for which an application is made. In some cases special circumstances will apply. If so, please describe these.

Gross Annual Income of Family Household from all sources

Please give adequate details, eg if parent or other member of household (or husband/wife/civil partner of applicant) has separate income, state amount, nature of employment etc.

Signature of applicant's parent _____

Date _____