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| St Catharine’s College Graduate FundHardship Application Form |
| **Part I – To be completed by the applicant** |
| 1. | Name of applicant: |  | Email address: |  |
|  | Degree & Subject: |  | Year of study: |  |
|  |  |
| **2.** | **Please tick if you are:** |
| * Registered disabled
 |  |
|  |  |
| * One of a couple, but financially independent of your partner
 |  |
|  |  |
| * One of a couple, but your partner is financially dependent on you
 |  |
|  |  |
| * You have any dependent children *(please indicate how many)*
 |  |
| **3.** | **Period for which you seek financial support**  |  |
|  |  |
| **4.** | **State the purpose for which you seek an Award:** |
|  |  |

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| ***If you are doing a one-year course or another Postgraduate course, please go directly to question 6.*** |
| **5.** | **If you are doing a Research Degree:** |
|  | **a)** | **How will you be occupied on your research in the period indicated in 4 above?** |
|  |  |
| **b)** | **If your research involves experimental work, when do you expect to complete it?** |
|  |  |
| **c)** | **When do you expect to write up your dissertation if you have not already begun to?** |
|  |  |
| **d)** | **When do you expect to submit your dissertation?** |
|  |  |
|  |  |
| **6.** | **Please provide the following financial information in relation to the period in 3 above. These figures should be supported by a detailed Budget Planner which should accompany this application.** |
|  | Total expenses  | £ |  |
| Total income | £ |  |
| Difference (shortfall) | £ |  |
|  |  |
| **7.** | **Please state the amount and nature of your original financial undertaking for admission to the University.** |
|  |  |

|  |  |
| --- | --- |
| **8.** | **Please explain why the original source of funding which you stated in your financial undertaking for admission is now inadequate or unavailable. Please also explain why you believe your need to have been unforeseeable.** |
|  |   |
|  |  |
| **9.** | **Please state any other source of funding to which you have applied for the period (indicated in 3 above) and, where known, the outcome of the application. Where the outcome is not yet known, please indicate when you expect to hear the result.** |
|  |  |
|  |  |
| **10.** | **We will pay any successful awards directly into a UK bank account. Please provide details of your current bank account below:** |
|  | Name of bank: |  |
| Address of bank: |  |
| Sort Code: |  |
| Account number: |  |
| Name on the account: |  |
|  |
| **11.** | **I confirm that the information which I have given on this application is complete and true** |
|  | Signature |  | Date |  |

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| Part II – To be completed by the supervisor  |
| Name of Supervisor: |  |
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| Student you are supporting: |  |
|  |
| Department/Faculty/Research Group: |  |
| Please provide a candid assessment on the students’ progress, including the prospect of successful completion of their degree:  |
|  |
| **St Catharine's is eager to assist all our graduate students, but our funds are limited. Typically, the college provides a portion of the sum sought. Does your department or faculty have matching funds available which might be tapped?** |
|  |
| Supervisor’s signature: |  | Date: |  |
| Once completed, please send this application and budget planner to grad.admin@caths.cam.ac.uk or the Graduate Administrator, St Catharine’s College, Cambridge. |