

Application to the Elizabeth Kolb Memorial Trust

NAME _____

COLLEGE _____ YEAR OF ENTRY _____

ADDRESS (if different) _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

Name of a Priest in Cambridge acquainted with the applicant and able to confirm that she is a practising Roman Catholic

Course of study being pursued at Cambridge _____

PURPOSE FOR WHICH YOU REQUIRE A GRANT. Grants are awarded only for projects with a well-defined purpose.

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FINANCIAL SITUATION. Please give full details.

1. Your source(s) of support and their value (grants, loans, bursaries, scholarships, parents etc.)

2. Debts / savings

3. Details of any special financial circumstances

4. Other applications being made for funds (to whom and for how much)

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DETAILED BREAKDOWN OF THE FINANCIAL COSTS OF YOUR PROPOSAL

ANY PREVIOUS APPLICATIONS TO THE TRUST. Year and outcome, including amount awarded if successful.

I DECLARE THAT I CONFORM WITH THE CONDITIONS OF THIS TRUST.

Signed _____ Date _____

This form should be sent in an envelope marked 'Kolb Fund' by your Tutor or Director of Studies together with a reference (which may be written on the last page of this form) to:
Dr. Anne Cobby, Modern and Medieval Languages Library, Sidgwick Avenue, Cambridge CB3 9DA.

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REFERENCE ON BEHALF OF _____

Signature _____ Date _____

Name _____

Relationship to Applicant (Tutor/Director of Studies etc.) _____

If possible this reference should accompany the application form. Alternatively it may be sent in an envelope marked 'Kolb Fund' to: Dr. Anne Cobby, Modern and Medieval Languages Library, Sidgwick Avenue, Cambridge CB3 9DA, or emailed to aec25@cam.ac.uk.