Beryl Donkin Memorial Scholarship Fund Application Form

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| WLAQ Member Name |  |
| Email |  |
| Phone Number |  |
| Date of Birth |  |
| Linkedin Profile Link |  |
| Employer |  |
| Position |  |
| University you attended or are attending for your LLB |  |
| Graduation date*If you are still studying please put expected date* |  |
| Proposed Course |  |
| Dates of Course |  |
| Proposed Scholarship Amount | $ |
| Intended use of Scholarship*Eg costs of Course, accommodation, travel. Please provide itemised list* |  |
| How will the Scholarship benefit you (maximum 400 words) |  |
| List of supporting documents attached*This may include summary of the Course, your CV and any other information which may be helpful for the Fund Management Committee* |  |

By making this application, you certify that you are a current member of WLAQ and have read and considered the Beryl Donkin Memorial Scholarship Fund Deed and the Beryl Donkin Memorial Scholarship Fund Management Guidelines and that the Scholarship applied for is a Course permitted under the Fund. Furthermore, you agree to be bound by the obligations of the Management Guidelines and provide this application free or fraudulent or misleading information.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_