

STUDENT'S NAME _____

BRITISH UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS

DEPARTMENT OF EDUCATION

**APPLICATION FORM
FOR AN EDUCATIONAL GRANT AT NEWBOLD COLLEGE**

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms) Surname: Forename(s):

Home Address:

Postcode: Home telephone: Mobile:

Date of Birth: Place of Birth:

If you are not a citizen of the UK, when did you enter the country?

Are you a baptised member of the Seventh-day Adventist Church? Yes/No

If your answer is 'YES', please complete the following:

Date of Baptism: Minister:

Church where membership is held: Date of Transfer:

Are your parents or guardians Seventh-day Adventists? Yes/No

Occupation(s), with dates, since leaving school:

From To

From To

From To

PROPOSED COURSE OF STUDY

Course, with Major and Minor Subjects:

Proposed starting date:

Proposed completion date:

State why you wish to take this course of study:

EDUCATIONAL DETAILS

Secondary School(s) Attended:	Dates
	From To
	From To

Please enter the grades you have achieved (or the date of entry of exams pending) in the following examinations:

	CSE	GCSE	GCE 'O'	GCE 'A'	GCE 'S'
RE					
English Language					
English Literature					
Mathematics					
French					
German					
Other Language (specify)					
Physics					
Chemistry					
Biology					
Other Science (specify)					
History					
Geography					
Art					
Music					
Others (specify)					

Please list any other significant examinations with grades and subjects:

DECLARATION BY APPLICANT

I declare that these particulars are true, and that by the grace of God I will abide by the rules of the college, and do my best to complete my studies within the time stated:

Signed: _____

Date: _____

DECLARATION BY AN AUTHORISED PERSON WHO KNOWS THE APPLICANT

The particulars given in this form are correct to the best of my knowledge and belief, and I have pleasure in recommending the candidate for receipt of a British Union Conference Grant.

Name: _____

Position: _____

Signed: _____

Date: _____

Please use this space for any other particulars you wish to give in support of your application:

**PLEASE RETURN THIS FORM TO THE
BRITISH UNION CONFERENCE EDUCATION DIRECTOR
STANBOROUGH PARK, WATFORD, HERTS, WD25 9JZ**

FOR OFFICE USE ONLY

Date of Local Conference/Mission Action:

Action Reference Number:

Signature of Conference/Mission Official:

Date of British Union Conference Action:

Action Reference Number:

Signature of Union Official:

Dates of payments of grants:

Year 1

Year 2

Year 3

Year 4