

CONFIDENTIAL

The David Colegrave Foundation Scholarships

Scholarship APPLICATION for :-

Please enter the name of the scholarship for which you are applying - (Block Capitals) - See website for details of Scholarships

1. PERSONAL DETAILS

Please complete all details in **BLOCK CAPITALS**

Surname: _____

Forenames: _____

Known as: _____
(nickname)

Preferred title: (Dr Mr Mrs Miss Ms)
Please delete not applicable

Date of birth: _____ Gender: Male / Female

Passport size colour photo

Address & postcode:

Daytime tel: _____

Evening tel: _____

Mobile tel: _____

Email address: _____

Nationality: British Other _____
Please specify

Where did you learn of this particular scholarship? (Please tick & add detail)

Specialist publication _____

Web site _____

Other: _____

Please describe your areas of specific horticultural interest: continue on separate sheet if necessary

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2. EDUCATIONAL History				
Please complete in Reverse Chronological Order				continue on separate sheet if necessary
<i>From</i>	<i>To</i>	<i>Name of Course</i>	<i>Name of School / College / University/Institute</i>	<i>Qualifications or skills gained</i>

3. EMPLOYMENT / WORK EXPERIENCE History			
Please complete in Reverse Chronological Order			continue on separate sheet if necessary
<i>From</i>	<i>To</i>	<i>Name/Address of employer</i>	<i>Brief Description of Responsibilities.</i>

4. STATEMENT OF INTENT:

Please describe your career goals, and how you think attaining a David Colegrave scholarship will help you to achieve these goals. **(Note: This is the most important part of your application!)**

continue on separate sheet if necessary

5. DECLARATION

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading or false information on this form my application may not be progressed.

I also affirm that I give permission for my basic personal details (name), the details of my course, placements and horticultural ambitions to be published on the David Colegrave Foundation Website & in any Press Releases. *(delete if not applicable)*

Signature:

Date:

The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with the scholarship.

When completed, this form should be returned in a sealed envelope marked **CONFIDENTIAL** to:

The Administrator
The David Colegrave Foundation
The Horticultural Trades Association
Horticulture House, 19 High Street
Theale, Berkshire RG7 5AH