

STRICTLY CONFIDENTIAL

# THE SOCIETY FOR PROMOTING THE TRAINING OF WOMEN

APPLICATION FOR LOAN FOR TRAINING (PLEASE COMPLETE IN BLOCK CAPITALS)

Name	Address
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Marital Status		Post Code
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Nationality	Telephone No.	Date of Birth
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A small proportion of our fund is restricted to members of the Christian faith. Please tick the box if this applies to you		E-mail
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Secondary School Attended	From	To
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College/University Attended	From	To
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Degree or Similar Qualification	Subject	Name	Class	Date

G.C.E. O'Level / C.S.E / G.C.S.E				G.C.E. A'Level		Other Examinations Passed		
Subject	Grade	Subject	Grade	Subject	Grade	Exam	Awarding Body	Grade

Employer <small>(Will not be asked for references)</small>	Post	Salary	From	To	Full or Part Time

Career Now Desired	Reasons For Change
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Course Proposed	Name of Course	Qualification to Be Gained	Duration	Date of Start
Educational Institution				

**FINANCIAL SITUATION**

Please complete the tables as fully and accurately as possible for one year of the study. If your course extends over more than one year, the tables should be completed for the first year of the study and an additional statement for each of the following years should be enclosed with this form.

ESTIMATED COST OF COURSE PER YEAR	
TUITION FEES	
BOOKS AND SUBSCRIPTIONS	
TRAVEL – BUS FARES ETC.	
MAINTENANCE HEAT + LIGHT	
RENT/MORTGAGE	
H.P. COMMITMENTS	
INSURANCE/HOUSEHOLD	
INSURANCE/LIFE	
FOOD	
CHILD CARE	
OTHER (PLEASE SPECIFY)	
TOTAL	

MONEY AVAILABLE PER YEAR	
STUDENT LOAN	
CAREER DEVELOPMENT PLAN	
GRANTS/LOANS FROM CHARITIES/TRUSTS 1	
2	
3	
CAPITAL YOU HAVE AVAILABLE	
DIVIDENDS/INTEREST	
EARNINGS (Nett)	
PARENTAL CONTRIBUTIONS	
OTHER	
TOTAL	

	NAME	OCCUPATION	INCOME (p.a.)
Father			
Mother			
Husband			
Children Give Names & Ages			
Other Dependents Give Name, Age & Relationship			

**Applications to other Charities or Trusts**

Please give the names of any bodies to which you have applied and that have yet to respond.

- (1.).....
- (2.).....
- (3.).....

**REFEREES AND GUARANTOR**

	PERSON WELL ACQUAINTED WITH YOU AND YOUR FAMILY	ACADEMIC REFEREE – HEAD OF SCHOOL OR PRINCIPAL OF COLLEGE	PERSON WHO HAS AGREED TO GUARANTEE YOUR LOAN
Name			
Status			
Address			
Post Code			
Telephone No.			
E-Mail			

Amount of Loan applied for

£.....p.a. for.....Year(s) Signed.....Date.....  
**ON COMPLETION THIS FORM SHOULD BE RETURNED TO THE SECRETARY OF THE SOCIETY**