**Wadham College Grant Application Form**



**Medical Elective Grants**

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| **Applicants -** Applications will be accepted from clinical medical students undertaking Medical Electives in their final year. Applications are welcome in MT ahead of the Elective, or in HT.**Purpose -** To contribute to the costs of elective placements including travel. **Quantity -** Typically, up to £650. If more funds are required, a letter requesting additional support may be sent to the Wadham Medical Society. Guidance notes on academic related grant applications use the attached link.[**https://admin.wadham.ox.ac.uk/media/documents/GuidanceNotesforAcademicGrants.pdf**](https://admin.wadham.ox.ac.uk/media/documents/GuidanceNotesforAcademicGrants.pdf) |

Forms must be typed and emailed to fbsec@wadham.ox.ac.uk by the Friday of 5th week.
A confirmation email will be sent upon receiving the application form.

Receipts will be required as proof of claim and emailed to fbsec@wadham.ox.ac.uk

Applications will go forward to the Loans and Grants Committee who will decide on the outcome of the application in 7th week of each term.

All grants will be paid as a credit to the student’s battels account.

**Section A**

**To be completed by the student.**

Personal Data

Name…………………………………………………………………………………………………………………………………………..

Course………………………………………………………………………………………………………………………………………...

Date of Birth …………………………………………………………………………………………………………………………….…

Tutor/ College Advisor’s Name ……………………………………………………………………………………………………………………………...

Details of grant.

Outline the purpose of the application………………………………………………………………………………………………..

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Breakdown of costs…………………………………………………………………………………………………………………..

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Total amount required……………………………………………………………………………………………………………..

Other grants applied for this purpose………………………………………………………………………………………

Student’s Signature……………………………………………………………Date………………………………………………

**Section B**

**To be completed by the tutor/college advisor.**

Tutor/ College Advisor’s Comments ……………………………………………………………………………………………………………..

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Tutor/ College Advisor’s Signature………………………………………………………………………………………………………………..

**Section C**

**To be completed by the finance department.**

Amount Approved……………………………………………………………………………Date………………………………

Comments………………………………………………………………………………………………………………………………