**Wadham College Grant Application Form**



**Pollard Grants for Graduate Research**

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| **Applicants** - All Graduate students (including clinical medics) involved in research activities.**Purpose -** To assist students with research related costs which include Field Trips, Conference attendance and any research equipment that may be needed. **Quantity** - Max of £300 each year while on course and within fee liability, subject to funding constraints. Multiple applications may be made, and any unclaimed sums may be carried forward (while still on course). Please note that the amount awarded may depend on the number of other applications received, and awards may sometimes be ranked or scaled back, and applicants may receive less than the sum above. 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.

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.

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

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

**Section A**

**To be completed by 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……………………………………………………………………………………………