

Faculty of Classics

STRICTLY CONFIDENTIAL

Access and Outreach Travel Bursary Application Form 2017

Student Name	Date of Birth				
Parent/Guardian					
Name (payee)					
Address					
E-mail					
Year Group					
Which event are y	ou attending?				
	,				
Please give full details of your travel plans (start and end point, method(s) of					
transport, costs of different stages of journey).					
Total Cost of Trans	sport	£			
Total Cost of Trans	sport	<u>2</u>			
	ests do vou reasonably think you sould afford				
	ests do vou reasonably think you sould afford	£			
How much of the travel co to meet yourself?	osts do you reasonably think you could afford				
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How much of the travel contone to meet yourself? You should enquire wheth with travel (a teacher should awarded you a grant please. Does the student receives	per your school has funds available to help you all be able to advise you). If they have see state the amount here.	E YES / NO			
How much of the travel contone to meet yourself? You should enquire wheth with travel (a teacher should awarded you a grant please. Does the student receives	pests do you reasonably think you could afford affo	E YES / NO			
How much of the travel contone to meet yourself? You should enquire wheth with travel (a teacher should awarded you a grant please. Does the student receives	per your school has funds available to help you all be able to advise you). If they have see state the amount here.	E YES / NO			

Each application will be assessed individually to ensure that our resources are targeted at those who most need support. Please confirm by signing below that the information above is correct, that the student of whom you are the parent/guardian is in need of support, and that you will be paying for the travel to this event.

Signed	Date	

Please then ask one of your teachers to sign the declaration below.

I confirm that I know the candidate for a Travel Bursary, that they have enquired whether the school can provide any funding for the trip, and that they are in need of financial support in order to be able to come to Cambridge.

Signed			Date	
Print Na	ame			
Position				
School				
School	Туре	e Non-Selective State / Selective State / Independent		
School				
Addres	S			

Once this form is completed please post it to:

Max Kramer,
Undergraduate Administrator,
Faculty of Classics,
Sidgwick Site,
Sidgwick Avenue,
Cambridge,
CB3 9DA

Or e-mail a scanned copy to mjk53@cam.ac.uk.

Forms should be returned in good time before the travel is to take place.