

# EDUCATIONAL BURSARY APPLICATION FORM



**LifeLine**

The ABTA Charitable Trust

Help when it's needed most



## APPLICANT INFORMATION

Title: (Mr, Mrs, Ms etc):		Surname:	
First Name:			
Contact telephone:			
	May we contact you by telephone with regards to your application	Yes / No	
	If 'yes', what is the best time of day		
Email:		May we contact you via email?	Yes / No
Address (for correspondence):	Town: County: Postcode:		

## COURSE INFORMATION

Course Title:			
Name of Higher/Further Education institution:			
Course Start Date		Course End Date:	
Please circle which applies to you:	Full Time / Part Time		
Annual cost of course			
Will you be receiving any other funding whilst you study (e.g. student loan/help from other charities)	Yes / No		
If 'yes' please detail			

## EMPLOYMENT HISTORY

Please note you must be **currently** employed by an ABTA member to be eligible to apply for this bursary.

Name of ABTA Member	Dates of Employment	Position/Job Title	Salary

Please provide a copy of your most recent pay slip with your application.

## FINANCIAL CIRCUMSTANCES

This award is for those who, without it, would not have the opportunity to undertake further study.

Please explain briefly your circumstances (financial and other), and why you are applying for this award:

*(Please note we reserve the right to make further enquiries of shortlisted applicants to confirm financial need).*

## PERSONAL GOALS AND ASPIRATIONS

Outline your career goals/aspirations and how this course will benefit your travel career:

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## SUPPORT FROM YOUR EMPLOYER

*If your company has a staff training or development programme, then you should ask for financial support before making an application.*

Will your employer support and/or contribute to the cost of your course?

Yes / No

If 'yes', please state how/how much

*In support of your application we will need to contact your employer. Please provide the details of somebody within your organisation who we can speak to.*

Name:

Contact telephone:

Email address:

## APPLICANT'S SIGNATURE

*I confirm to ABTA LifeLine that, to the best of my knowledge, all the answers to the questions in this application are true and accurate.*

Signature:

Date:

Please sign and date your application and return it to us at the below address;

ABTA LifeLine  
ABTA Ltd  
30 Park Street  
London  
SE1 9EQ

If you have any questions please phone 020 3693 0171 or email [lifeline@abtalifeline.org.uk](mailto:lifeline@abtalifeline.org.uk)