

Is this your second-degree course?	Y/N	Do you have any student loans and if so, how much do you currently owe the Student Loan Company	£
Date you will graduate	/ /		
Please provide details of your current income and expenditure per annum			
Family circumstances		Approximate family income per annum	£
Do you have any brothers or sisters?	Y/N	If yes, please provide details of their ages	

SECTION B:
Please complete all questions

Please provide details of the grant you are applying for and how it will benefit you?

What will happen if you do not receive our help?

Please give as much information as possible to explain why you want a grant from TVF and anything else that you think may help us understand the reason(s) in more detail and reach a decision:

We need you to provide the name, position and contact details of someone within the medical faculty at the university you are studying at who is be able to support your application. Please ask them to sign and date your application along with the official stamp of the university. We may contact them to discuss how this grant would assist you.

Name: _____
Position: _____ University: _____
Email: _____ Telephone: _____
Signature: _____ Date: _____

NB During COVID-19 we will be able to accept grant applications which are not signed above and without the official stamp.

University Official Stamp

Please sign and date below to confirm the information you have provided on this form is correct

YOUR SIGNATURE: _____ **DATE:** _____

If you have any questions contact: enquiries@thevictoriafoundation.org.uk or call 020 8332 1788.

Please return the form by email to: enquiries@thevictoriafoundation.org.uk or by post to:

The Victoria Foundation, St David's House, 15 Worple Way, Richmond, Surrey TW10 6DG.

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