



**Application Form for a
Bursary to the value of £4000 for
Postgraduate Study at Masters Level
in Philanthropy
2015**

The Mission of Giving Northern Ireland is to champion and build a strong independent voice for philanthropy and strategic giving in Northern Ireland.

Contents

Application Form.....	3
Basic Information	4
Educational Background	5
Details of Postgraduate Study:	5
Name and contact details for two referees.....	6
Personal Statement:	7
Project Statement for Research:.....	8
Application Conditions.....	9

Giving Northern Ireland Bursary for Postgraduate Study at Masters Level

2015 Application Form

The information provided will be handled as confidential. The distribution and retention of data will be controlled to ensure confidentiality is not violated.

By submitting an application, you are confirming that you have read and agree to abide by the Terms & Conditions applicable to the Giving Northern Ireland Bursary for Postgraduate Study at Masters Level.

Please complete the form and attach your curriculum vitae.

Applications should be submitted electronically to tracy.bell@givingnorthernireland.org

In addition five hard copies should be posted to:

Tracy Bell

Office Manager

Giving Northern Ireland

Arthur House

1 Arthur Street

Belfast BT1 4GB

The deadline for receipt of the completed application form is Friday 16th January 2015 at noon.

Basic Information

Surname: _____ First name: _____

Other Name(s): _____

Date of Birth: DD/MM/YY _____

Permanent Address

Street Address: _____

County: _____ Country: _____

Current Address (if different from above)

Street Address: _____

County: _____ Country: _____

Home telephone number (include country code): _____

Mobile telephone number (include country code): _____

Email address: _____

Educational Background

Please include below a note of any degrees completed to date, the primary area(s) of study, name of the institution awarding degree, date of completion (or anticipated completion) and your results (or anticipated results):

Awarding Institution and school	Course of study	Date of completion	Result

Please list below any other scholarships or other awards or bursaries that you have received

Details of Postgraduate Study:

Name of institution where research will be completed: _____

Address of institution: _____

Name of programme & postgraduate study which you are currently undertaking:

Name and contact details for two referees

Referee 1

Referee 1 should be the supervisor for your chosen course of study

Name: _____

Street Address: _____

County: _____ Postcode (if applicable): _____

Country: _____

Work telephone (include country code): _____

Mobile telephone (include country code): _____

Email address: _____

Referee 2

Name: _____

Street Address: _____

County: _____ Postcode (if applicable): _____

Country: _____

Work telephone (include country code): _____

Mobile telephone (include country code): _____

Email address: _____

Nature of relationship: _____

Where did you hear of the Giving Northern Ireland Bursary?

Personal Statement (max 300 words):

Please describe your motivations for applying for the Giving Northern Ireland Bursary and how you believe it will help you in terms of career and personal development.



Project Statement for Research (max 1000 words):

Please provide a project statement that includes:

The title of your project

Reasons for selecting the host Institution

Aims and Objectives

Methods to be used

Milestones and deliverables

Value of the work to Giving Northern Ireland in building a stronger philanthropic culture in Northern Ireland.

Application Conditions

By indicating my acceptance below and submitting this application I confirm that, to the best of my knowledge all the information on this application form is true and accurate. I understand that the Bursary Selection Panel may ask for more information at any stage of the application process. I have read and accept the Terms and Conditions. I agree to the use of the data provided on this form as outlined in the Data Protection section. I understand that deliberately falsifying the information contained in the application will result in an automatic exclusion from the application process.

To indicate your acceptance place X in the box, enter the date and sign as directed.

I accept

Printed name of applicant:

Applicant's signature:

Date: