ANGLO-EUROPEAN
COLLEGE OF CHIROPRACTIC

# ELITE ATHLETIC ACHIEVEMENT

Scholarship Application Form

## Applicant Details

| | | |
|---|---|---|
| Title: Mr Mrs Ms Miss Other: | Surname: | |
| Forename(s): | | |
| Nationality: | Date of Birth: | Gender: |
| Permanent Address: | | |
| Town: | County: | Post Code: |
| Country: | | |
| Telephone Number: | Mobile Number: | |
| Email Address: | | |

## (A) Course Details

To be completed by AECC **applicants**

If you are currently applying to study at the AECC, please complete the section below.
If you are a current AECC student, please complete Section B

| | |
|---|---|
| Course Name: | Year of Entry: |
| UCAS Personal ID No: | Point of Entry: |

## (B) Course Details

To be completed by AECC **students**

| | | |
|---|---|---|
| Course Name: | | Current Course Year: |
| Student ID No: | | |
| Term-Time Address (if different from above): | | |
| Town: | County: | Post Code: |
| Telephone Number: | | |

## Sporting Details

What is your main sport?

Which club do you represent?

Who is your coach?

Are you currently in receipt of any other funding for your sport? Yes No

If you answered yes, please give further details below:

| | |
|---|---|
| Amount of Funding: | Regularity of Payment: |

Awarding Body:

Reason(s) for gaining funding:

## Major Sporting Achievements

| | |
|---|---|
| Dates: | Age: |

Competition Title:

Details: (Please indicate any further information you may feel relevant)

ANGLO-EUROPEAN
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| Major Sporting Achievements | |
|---|---|
| Dates: | Age: |
| Competition Title: | |
| Details: (Please indicate any further information you may feel relevant) | |
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| Supporting Statement |
|---|
| Please indicate why you think you should receive a Sports Scholarship and state how you would benefit from receiving the support: (please continue on a separate sheet if necessary) |
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| References | | |
|---|---|---|
| Please give details of two references in support of your application | | |
| Referee 1: | | |
| Title: Mr Mrs Ms Miss Other: | Surname: | |
| Forename(s): | | |
| Address: | | |
| Town: | County: | Post Code: |
| Country: | | |
| Telephone Number: | Mobile Number: | |
| Email Address: | | |
| Referee 2: | | |
| Title: Mr Mrs Ms Miss Other: | Surname: | |
| Forename(s): | | |
| Address: | | |
| Town: | County: | Post Code: |
| Country: | | |
| Telephone Number: | Mobile Number: | |
| Email Address: | | |

| Declaration & Signatures | |
|---|---|
| **I wish to be considered for the AECC Elite Athletic Achievement Scholarship and I declare that all information submitted on this application form (including attachments) is correct and complete.**<br>**I understand that the AECC reserves the right to vary or reverse any decision regarding awarding of scholarships made on the basis of incorrect or incomplete information provided in this application.** | |
| Signed: | Print: |
| Date: | |

If you have included any attachments with this application please tick here: ☐

Please ensure all relevant sections have been completed before sending your form off for submission.

Please return this form no later than **19 October 2012** to:

AECC Scholarship Panel
Registry
13 – 15 Parkwood Road
Bournemouth
Dorset
BH5 2DF