**BARCAPEL SCHOLARSHIP APPLICATION FORM**

**Academic year 2022 - 2023**

**Please return the completed form to:** [**lpeacock@facultyofhomeopathy.org**](mailto:lpeacock@facultyofhomeopathy.org)**.**

Applications are accepted throughout the year.

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| **Surname:**  **First name:**  **Address for correspondence:** | |
| **Telephone/email** | |
| **Day or Mobile:** | |
| **Email:** | |
|  |  |
| **Statutorily recognised qualification(s) :** | |
| **Year of full registration:** | |
| **Statutory body and registration number:** | |
| **I am currently: ❑ a Licentiate**  **❑ a Diplomate**  **Year joined:** | |
| **Please give a brief outline of your current employment.** | |
| **Have you applied for financial backing from other sources?**  **If YES, please state source and amount.** | |
| **At which teaching centre will you be studying?** | |
| **Modules and dates for which you are applying for a scholarship:** | |
| **How much of your course have you completed?**  **How much study remains until you are eligible to sit the exam?** | |

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| **How much in course fees do you expect to pay in the period covered by your scholarship application (i.e. September 2022 - August 2023 )?**  **How much money are you applying for? (Usual award will not be more than 60% of your course fees).**  **Scholarships DO NOT cover travel, conferences, accommodation, books or exam fees and they are not payable retrospectively.** |

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| **Date of your intention to sit the MFHom/VetMFHom Faculty Examination:** | | |
| **SPRING** | **AUTUMN** | **YEAR** |

**Previous homeopathic courses attended**

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| **Date** | **Course** | **Location** |
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| **Please give your reasons for applying for a scholarship.**  **If you have previously received a Barcapel Scholarship (formerly bursary), please give the date(s) and amount of money received.** |
| **I DECLARE THAT**   1. **The information given on this application form is accurate and complete.**   **I CONFIRM THAT**   1. **It is my intention to sit the MFHom examination/VetMFHom examination this year or to apply for the next stage of training with The Faculty of Homeopathy** 2. **if this agreement is not fulfilled, without mitigating circumstances, all received scholarship money will be repaid.** 3. **I consent to the use and storage of my data as outlined in the Faculty of Homeopathy privacy policy and data protection statements on the Faculty website** [**www.facultyofhomeopathy.org**](http://www.facultyofhomeopathy.org)**.**   **Signature Date** |

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| Please present to course tutor for signature to confirm fees for 2022-2023 **Course fees payable in the 2022 – 2023 academic year:**  **Tutor’s name:**  **Tutor’s signature:**  **Date:** |
| ***This form will not be processed without the course tutor’s signature and confirmation of expected fees*** |