|  |  |
| --- | --- |
| **Name** |  |
| **Course** | **Writing the TV Pilot** |

|  |  |
| --- | --- |
| **Tuition Fee** | **£1000** |

**Please Return This Application By**

**14th June 2019**

**In order to be eligible for an All3Media bursary, you must be a Scottish writer with a BAME background.**If you are not successful in your application for an All3Media scholarship, your application may still be considered for an NFTS Scotland bursary supported by the Scottish Government, if you meet the eligibility criteria as outlined on [www.nfts.co.uk/scotland](http://www.nfts.co.uk/scotland).

All scholarships and bursaries are awarded at NFTS Scotland’s discretion.

**PERSONAL STATEMENT: Please continue onto a separate sheet if necessary**

1. Please tell us why you wish to undertake this course
2. Please tell us why you are applying for funding
3. Please advise us of the nature of the barriers you face progressing a career in the screen industries
4. Please tell us how you plan to use the experience gained from your participation
in this course in your future work
5. Please outline any previous experience you have in the area you wish to specialize in
6. How you will find any balance required, including self-funding

Financial Declaration:

|  |
| --- |
| Summary Of Income And Expenditure **Credit** **Debit**  |
| Total calculated annual income April 2017 – April 2018 |  |  |
| Partner’s annual income April 2017 – April 2018 |  | if married , provide combined income/expenditure |
| Your anticipated annual income Jan – Dec 2019 |  |  |
| Total calculated annual expenditure Jan – Dec 2018 |  | as calculated from monthly total  |
| Total anticipatedannual expenditure Jan – Dec 2019 |  | as calculated from monthly total  |
| Your current student loan debt |  | exclude your career loan |
| Current total of all your other debt |  | exclude career loan / student loan debt |
| April 2018 Parental annual income - Father |  | Registry use only |
| April 2018 Parental annual income - Mother |  | Registry use only |
| April 2018 Partner annual income |  | Registry use only |
| **Other Monthly Income** |  |  |
| Parental assistance/Family Support |  |  |
| Any other benefits or income including pensions |  |  |
| Child allowance, Learning Allowance, Tax Credit |  |  |
| **Total monthly income 2018** |  |  |
| **Monthly Expenditure 2018 2019** |
| rent, mortgage, service charges, council tax |  |  |  |
| water rates, gas, electricity |  |  |  |
| food & housekeeping |  |  |  |
| telephone(s) include mobile |  |  |  |
| travel |  |  |  |
| credit card repayments (monthly minimum) |  |  |  |
| Any other monthly payments |  |  |  |
| **Total monthly expenditure 2018 and 2019** |  |  |  |
| **Total Capital Available 2019** |
| Bank accounts |  | include interest received |
| Loans secured  |  |  |
| Other non NFTS funding or scholarships secured |  |  |
| **Total available capital for 2019** |  |  |
| **Indebtedness**  |
| credit cards and store cards total debt |  |  |
| loans (please specify type) |  | other than career or student loan |
| overdraft (used) |  |  |
| Inland Revenue  |  |  |
| Total Current Debt (exclude student Loan debt) |  |  |

Provide an answer to all questions. If a question does not apply to your situation enter Not Applicable or N/A. Incomplete forms may delay your application for funding. You may be asked to provide evidence to the Scholarship Panel.

Residency

Delete as appropriate

|  |  |  |
| --- | --- | --- |
| **1** | Are you a United Kingdom or EU National, and resident in Scotland for three years or more?  | **Yes/no** |
| **2** | Do you already have “permanent right to remain in the UK”, confirmed by the Home Office? | **Yes/no** |

Dependency

This section allows us to determine whose income is to be considered when we assess your need for funding.

|  |  |
| --- | --- |
|  | Please indicate if any of the following situations are applicable to your circumstances by entering the word **yes** here |
| **5a** | You are unable to contact your parents |  |
| **5b** | You are irreconcilably estranged from your parents and this is unlikely to change |  |
| **5c** | Both of your parents have died |  |
| **5d** | Please provide a brief explanation if you have answered **yes** either situation **5a** or **5c**  |

Delete as appropriate

|  |  |  |
| --- | --- | --- |
| **6** | Have you supported yourself financially during the three years prior to your course?  | **Yes/no** |
| **7** | Will you have the responsibility of a dependent who is under the age of 18? | **Yes/no** |
| **7a** | If so, please give details of their:Names Date of Birth Relationship to you |
|  |  |  |
|  |  |  |
| **8** | Are you a single parent? | **Yes/no** |
| **9** | Are you claiming for a Childcare Grant or Parent’s Learning Allowance? | **Yes/no** |
| **10** | Does your income or your partner’s income include Child Tax Credit?  | **Yes/no** |

Your Family

Delete as appropriate

|  |  |  |
| --- | --- | --- |
| **11** | Do you live with both parents? | **Yes/no** |
| **12** | Do you live alone and independently from your parents | **Yes/no** |
| **13** | Do you live with a partner? | **Yes/no** |
| **14** | Please ask your parents and your partner to provide details of their income by completing the appendix and forwarding it to scotland@nfts.co.uk  |

**Declaration**

I certify that, to the best of my knowledge and belief, all the information that I have provided in this application form is true and complete and constitutes an accurate and up to date representation of my financial situation and resources.

I agree to tell you if my or my family circumstances change in any way that might affect my entitlement to funding. I understand that if I do not advise you of any change in my circumstances it may affect my entitlement and I may not be eligible to continue receiving funding.

I understand that you may require verification of this information.

Your Name: Date:

**Consent Statement**

By entering your name in the box below and submitting this form via email to scotland@nfts.co.uk you will grant us permission to share your information with the members of the Bursary Panel for the purposes of administering your application for funding.

I consent to you sharing the information that I have supplied in this form and using it to administer my application for NFTS funding.

Your Name: Date: