

**BURSARY APPLICATION FORM – Confidential**

**COURSE DETAILS**

Course applied for \_\_\_\_\_

Date of course \_\_\_\_\_

**STUDENT DETAILS**

Full Name \_\_\_\_\_

Telephone no. \_\_\_\_\_

Email address \_\_\_\_\_

**RESIDENCY**

To qualify for a bursary, you must be resident in Scotland for three years or more. The requirement for evidence of residency may be waived for certain groups (e.g. travelling community) at NFTS Scotland's discretion.

Have you been resident in Scotland for the last 3 years?

Yes  No

Please provide details of your home address:

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

To qualify for a bursary, you must meet certain income and/or diversity and inclusion criteria and produce the required evidence.

**INCOME CRITERIA**

1. Do you live alone and your income is £22,000 or less Yes  No
2. Do you live with family members or a partner and your total household income is £35,000 or less? Yes  No
3. Do you live alone and your income is £26,000 or less and meet at least one of our diversity and inclusion criteria (see guidelines)? Yes  No

4. Do you live with family members or a partner and your total household income is £41,500 or less, and meet at least one of our diversity and inclusion criteria (see guidelines) ?  
 Yes  No
5. If you answered **Yes** to Question 3 or 4, please state which diversity and inclusion criteria you meet (see information below)

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Please list the names of the household members and relationship to Student:	
Name	Relationship to Student
Name	Relationship to Student
Name	Relationship to Student
Name	Relationship to Student

**DIVERSITY AND INCLUSION CRITERIA**

It is recognised that some individuals face additional barriers to establishing a career in the screen industries.

In order to encourage diversity and inclusion within the sector, we particularly welcome applications from people who consider any of the following to be a barrier for them:

- having a disability or long term health condition  
*A disability is defined in the Equality Act 2010 as a physical or mental impairment that has a substantial and long-term impact on a person’s ability to carry out day-to-day activities. This includes progressive and long-term conditions from the point of diagnosis.*
- minority ethnic
- living in a geographical area in Scotland where distance and/or availability or transport limits access to professional training
- carers
- being female (or identifying as female) and aiming specialise in the technical areas of film & TV drama, or directing, or writing

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

1. Please tell us why you wish to undertake this course

2. Please advise us of the nature of the barriers you face progressing a career in the screen industries

3. Please tell us how you plan to use the experience gained from your participation in this course in your future work

4. Please outline any previous experience you have in the area you wish to specialize in

5. Please outline any training you have undertaken in the area you wish to specialize in

6. How you will find the balance required, including self-funding

**Supporting Documents:**

Please check which evidence you are supplying to support your application.

You are required to submit one of the following:

Utility Bill	<input type="checkbox"/>	Bank Statement	<input type="checkbox"/>	Letter from Local Authority	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>
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You are required to submit one of the following:

Last three month's wage slips for your household	<input type="checkbox"/>	Income Support/Universal Credit award letter	<input type="checkbox"/>	Last three month's bank statements for your household	<input type="checkbox"/>
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**and** one of the following:

P60	<input type="checkbox"/>	Full TCAN Notice	<input type="checkbox"/>
Self-employed earnings (official tax return)	<input type="checkbox"/>	Other benefits/pension award letter (Please specify)	<input type="checkbox"/>

**Disability evidence (if applicable)**

Personal Independence Payment/ Disability Living Allowance	<input type="checkbox"/>	Letter from GP or healthcare consultant	<input type="checkbox"/>
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**Further Information**

Please provide any further information you think may be relevant in support of your application (optional):