

**Application to the Elizabeth Kolb Memorial Trust**

NAME \_\_\_\_\_

COLLEGE \_\_\_\_\_ YEAR OF ENTRY \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

Name of a priest in Cambridge acquainted with the applicant and able to confirm that she is a practising Roman Catholic

\_\_\_\_\_ Email \_\_\_\_\_

Course of study being pursued at Cambridge \_\_\_\_\_

**PURPOSE FOR WHICH YOU REQUIRE A GRANT.** Grants are awarded only for projects with a well-defined purpose.

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**FINANCIAL SITUATION.** Please give full details.

**1. Your source(s) of support and their value (grants, loans, bursaries, scholarships, parents etc.)**

**2. Debts / savings**

**3. Details of any special financial circumstances**

**4. Other applications being made for funds. Where and for how much? Have you been successful? How likely are you to succeed?**

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**DETAILED BREAKDOWN OF THE FINANCIAL COSTS OF YOUR PROPOSAL**

**ANY PREVIOUS APPLICATIONS TO THE TRUST.** Year and outcome, including amount awarded if successful.

**I DECLARE THAT I CONFORM WITH THE CONDITIONS OF THIS TRUST.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

This form should be sent by your Tutor or Director of Studies, together with a reference (which may be written on the last page of this form) to:  
Dr. Anne Cobby, 17 George Street, Cambridge CB4 1 AL, or emailed to [aec25@cam.ac.uk](mailto:aec25@cam.ac.uk).

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**REFERENCE ON BEHALF OF** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Relationship to applicant (Tutor/Director of Studies etc.) \_\_\_\_\_

If possible this reference should accompany the application form. Alternatively it may be sent to Dr. Anne Cobby, 17 George Street, Cambridge CB4 1 AL, or emailed to [aec25@cam.ac.uk](mailto:aec25@cam.ac.uk).