



Greek Archaeological Committee UK (GACUK)

Charity No. 1013176

Form A

New Applicants

Application for a FIRST scholarship in Greek Archaeology in the UK

THE APPLICANT					
Title		Forename/s		Surname	
Date of Birth			Citizenship		Ethnicity

PERMANENT ADDRESS	
Number and Street	
Town and Code	
Country	
Telephone and Code	
E-mail	

CORRESPONDENCE ADDRESS (IF DIFFERENT)	
Number and Street	
Town and Code	
Country	
Telephone and Code	
E-mail	

APPLICANT'S UNIVERSITY HIGHER EDUCATION TO-DATE					
Degrees held	University	Start Date	End Date	Qualification Awarded	Classification/Mark
First					
Second, Postgraduate					

ACADEMIC REFEREES		
Details	First Referee	Second Referee
Name		
University / Institution		
Position		
Telephone and Code		
E-mail		

APPLICANT'S WORK EXPERIENCE / EMPLOYMENT TO-DATE RELEVANT TO THIS APPLICATION		
Dates (Month & Year)	Employer / Institution	Status and responsibilities

THE UK UNIVERSITY WHICH MADE YOU A FIRM OFFER OF ACCEPTANCE OR IN WHICH YOU ARE ALREADY ENROLLED			
Name of University			
College, Faculty, School, Department			
If already enrolled, date of first enrollment			
If known, name of first supervisor		E-mail address	
If known, name of second supervisor		E-mail address	
Title of Academic Award at end of programme of research			

TITLE OF ACADEMIC AWARD AT END OF PROGRAMME

PROPOSED PROGRAMME OF RESEARCH / TITLE OF THESIS

SYNOPSIS OF APPLICANT'S PROPOSED PROGRAMME OF RESEARCH (Please write approx. 500 words)

OTHER SCHOLARSHIPS, BURSARIES, FINANCIAL AID PACKAGES WHICH YOU HAVE BEEN GRANTED				
Name of Institution	Date of application	Date of result	Sum granted	Duration of award

OTHER SCHOLARSHIPS, BURSARIES, FINANCIAL AID PACKAGES WHICH YOU INTEND TO / HAVE ALREADY APPLIED FOR				
Name of Institution	Date/Anticipated date of application	Date of result	Sum applied for	Duration of award

DECLARATION BY APPLICANT			
I wish to apply for a FIRST scholarship for postgraduate studies in Greek Archaeology in a University in the United Kingdom in the next academic session and I declare that all information which I have given in this form is accurate and true.			
Signature of applicant		Date (dd/mm/yy)	___ / ___ / ___