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# Pay it Forward Grant Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | First name | Surname |  |  |  |

|  |  |  |
| --- | --- | --- |
| ContactAddress: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | County | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| University or college: |  |

|  |  |  |
| --- | --- | --- |
| Are you a final year veterinary student? | YES[ ]  | NO[ ]  |

|  |  |  |
| --- | --- | --- |
| Are you a final year veterinary nursing student? | YES[ ]  | NO[ ]  |

## Grant

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| --- | --- |
| Amount applied for *(max £500)*: |  |
| *The amount for which you apply will not affect the likelihood of your grant being awarded, however we ask so that if we are able to help more people, we will.* |
| Reason for request and purpose to which grant will be put *(max 50 words)*: |
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| *Please list the major reason for your application at this time. We know that there are often many reasons, and that they change and become more or less urgent during the year. We know that often these reasons may be difficult for outside judges to understand. We are asking only for the major reason for your feeling compelled to complete this grant application on this occasion. Maximum 50 words. You do not need to use them all, and bullet points are fine.* *For example: “Car broke down, needed for EMS, clutch repair costs £450” “Lost my job, rent short by £250”* |

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| --- | --- | --- |
| Would you be happy to accept support in kind? For example, if you have asked for support to purchase a stethoscope, would you be happy to receive the stethoscope itself? | YES[ ]  | NO[ ]  |

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## Faculty member support

Please give us details of a member of staff at your university or college who is aware of your circumstances and whom you do not mind us contacting. This person must be aware that you have applied to this grant.

We ask for this as it is very important to us that you are not managing this situation alone, and have someone at your university who will be able to help you in other ways. If you feel that you have nobody at your university in whom you can confide, we will consider your Clinical Coach, IMR supervisor or BVA/BVU mentor in exceptional circumstances.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Email address: |  | Phone: |  |
| Anything about which we should be aware? (e.g. only works Mondays, uses a talk-to-text phone) |
|  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may constitute fraud.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## What happens now?

* Please save your form as either a .doc, .pdf or .JPEG file.
* Please create your title using the following format (without brackets): PIF[firstname][surname]
* Please send your form to the following email address: bvedsgrants@gmail.com
* Please ensure the subject line is the same as your file name.
* No covering letter within the email is required, but you may wish to include at least a sentence to ensure your email does not end up in a spam folder. This sentence will NOT form part of your application.
* A decision will be made and communicated to you within a fortnight of the application deadline. If you have not heard from us within 21 days of the application deadline, please feel free to send a single follow-up email to the above email address. Second and subsequent follow-up emails will not be answered; this is to keep our inbox clear.