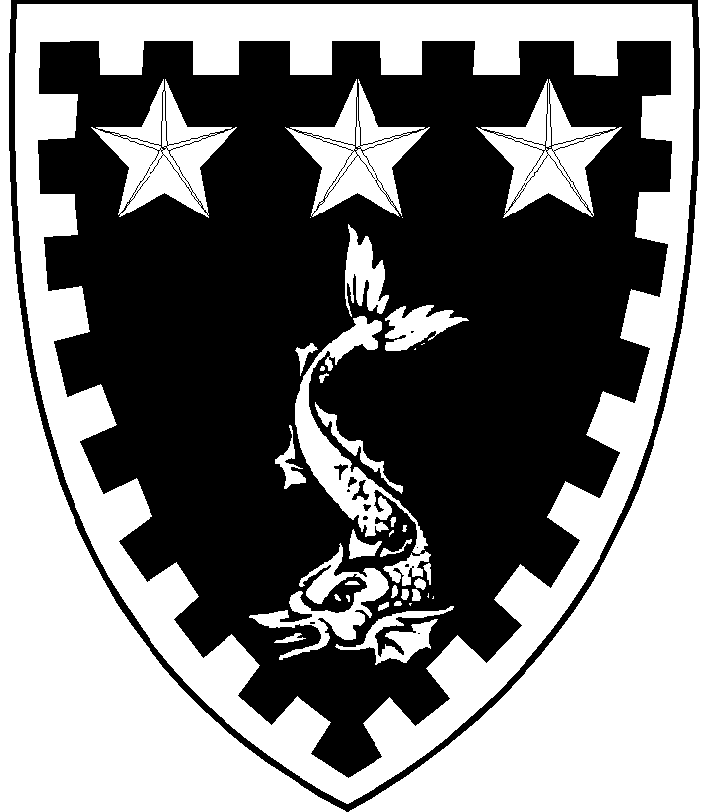
**Murray Edwards College**

**Grant For Academic Needs**



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| --- |
| The **Rosemary Murray Fund** may be able to assist students with expenses incurred in connection with their studies (e.g. research expenses for projects or dissertations, or special equipment needs).  **Please discuss your application with your Director of Studies who must sign the form before it is submitted.** |

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| **Full Name:** |  | | | |  | **DoS:** |  | | | |  |
|  | | | | | | | | | | | |
| **Study Yr:** |  |  | **Subject:** |  | | | |  | **Email:** |  |  |
| **Check if you are applying to the  Barbara White Fund  Posen Fund** | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student: Purpose of application** (Give **brief** summary of your academic needs).  Provide detailed breakdown **AND** total of your estimated costs. If applying for College accommodation, please check with Student Accounts for details on actual costs **BEFORE** completing this. | | | | | | | |
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| **Amount Sought £** | | | | | | | |
| **Director of Studies: Supporting Statement (use a separate sheet if necessary)** | | | | | | | |
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| What other sources of funding have you applied for (if any)? | | | |  | | |  |
| Have you applied for College funds in the past and if so, how much have you received? | | | |  | | |  |
|  | DoS signature: |  | Date |  | | |  |
| *If this application is successful, I agree that the award will be used only for the purpose outlined above.* | | | | | | | |
|  | Student signature: |  | Date | |  |  | |
|  | | | | | | | |