



**DEPARTMENT OF PATHOLOGY
UNIVERSITY OF CAMBRIDGE**

Graduate Student Hardship Award Scheme

Applicants should read the accompanying *Notes of Guidance* before completing this form.

1 Surname (Family Name)	Forename(s)	Title

2 Address	Email

3 Country in which you are ordinarily resident (when not at Cambridge)	4 College

5 Division	6 Supervisor

7 Registration Date	8 Period for which you seek financial support

8a State the purpose for which you seek a Hardship Award

8b When do you expect to write up your dissertation if you have not already begun to?

11 Please state all other sources of funding to which you have applied for the period and, where known, the outcome of the application. Where the outcome is not yet known, please indicate when you expect to hear the result

12 I confirm that the information which I have given in this application is complete and true

Signature:

Date:

13 Signature of supervisor (to confirm the information as correct)

Name in print:

Signature:

Date:

What to do now:

- Having taken a copy of this application, send the original to: The Departmental Secretary for Academic Services, Department of Pathology, Tennis Court Road, Cambridge, CB2 1QP
- No application will be considered without the signature of both applicant **and** supervisor

It is the applicant's responsibility to ensure that the supervisor signs the form in good time before the deadline. Applications are considered twice yearly by the committee, in December and in April/May.

Date received: _____

For consideration at meeting on: _____