**Houghton Trust Vacation Studentships Application Form**

Closing date for each round of annual applications: April 30th

1. Applicant details (Project Supervisor)

|  |  |
| --- | --- |
| Title (Professor/Dr/Mr/Ms) |  |
| Forename(s) |  |
| Surname (family name) |  |
| Address |  |
| Position in organisation |  |
| Email |  |
| Tel |  |

1. Project Details

Proposed start date: Length of project: 🞏 6 weeks 🞏 7 weeks 🞏 8 weeks

(support is provided at a rate of **£300 per week** for a period of between 6 and 8 weeks)

|  |  |  |
| --- | --- | --- |
| A | PROJECT TITLE |  |
| B | AIM(S) |  |
| C | PROPOSED METHODOLOGY |  |
| D | EXPECTED RESEARCH OUTCOMES |  |
| E | WHAT SCOPE IS THERE FOR INNOVATION BY THE STUDENT? |  |
| F | SUPERVISOR OF THE STUDENT |  |

1. Research Costs

Please give full details of items and cost (maximum discretionary award: £400)

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|  |

1. Financial support

Indicate what funding might be available to you from other sources, including your department, to supplement any grant made for this project

|  |
| --- |
|  |

1. Details of student candidate
2. Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | Date of birth |  |
| University |  | Type and subject of degree |  |
| Year degree  course commenced |  | Year of graduation |  |

|  |
| --- |
| ‘A’ Level or equivalent courses taken with results |
|  |

|  |
| --- |
| Current degree examinations with results |
|  |

1. Supporting statement from Project Supervisor

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| --- |
| Please comment on the suitability of the student to undertake the proposed research project, including comments on the student’s academic performance to date and likely degree results. |
|  |

1. Institutional Support

Grants are made to the Institution to which the applicant belongs on the understanding that it will administer the award. The Houghton Trust will request confirmation by email that the application is supported by the Institution Head of Department/School contact details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Email |  |  |  |

I confirm that the above named person can be contacted by email to request support for this application.

1. Application declaration (Project Supervisor)

The rules of the scheme are available at <https://www.houghtontrust.org.uk/vacation-studentships> I confirm that I have read, understood, and agreed to abide by the rules of the scheme.

I confirm that I have read and understood The Houghton Trust’s GDPR statement and privacy policy (<http://www.houghtontrust.org.uk/gdpr-statement-and-privacy-policy.php> ) and that I agree to my personal data being stored and used by The Houghton Trust as explained by this policy.

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

***Send your completed application to:***

***Dr. Susan Baigent, Houghton Trust Secretary, at sue.baigent@outlook.com***

*(Please send either a Word document or PDF; do not send a scanned or photographed document)*

***The closing date for applications is April 30th each year.***