



# Abertay University<sup>®</sup>

## SCHOLARSHIP APPLICATION FORM

### SCHOLARSHIP DETAILS

Name of Scholarship	Abertay Futures Scholarship
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### PERSONAL DETAILS

Forename	
Surname	
Abertay Student Number or Applicant Number	
Contact Email Address	

### COURSE INFORMATION

Lead Supervisor Name			
Project Title			
Priority Strategic Area of Research			
Study Route (Please select one)	PhD <input type="checkbox"/>	MbR <input type="checkbox"/>	MPhil <input type="checkbox"/>
Main School of Study (Please select one)	School of Business, Law and Social Sciences <input type="checkbox"/>	School of Design and Informatics <input type="checkbox"/>	School of Applied Sciences <input type="checkbox"/>
Course Start Date	October <input type="checkbox"/>	February <input type="checkbox"/>	June <input type="checkbox"/>
Mode of attendance	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	

## STUDENT SIGNATURE

Signature	
Date	

## CASE IN SUPPORT OF APPLICATION

Please provide your case in support of this application, in ***no more than 300 words***: