

Form A: Application (Part 1: Personal Details)

You are invited to apply for a Bill Tutte Scholarship, to support an outstanding Mathematics/Computer Science student at University. The winning candidate will receive at least £1,000/year to support his/her university studies for up to 3 years.

(PLEASE PRINT THIS FORM, FILL IN WITH BLACK INK, THEN SIGN AND DATE)

1. Candidate's details:

Name:

Date of birth:

Address:

Telephone no:

E-mail address (at which you may be contacted over the summer):

School:

2. Details of a referee whose reference you must enclose with this form

Name:

Address:

Telephone no:

Email address:

3. If you have attended/assisted with the Bill Tutte Maths Club, please state when:

4. Examination Results:

GCSEs:

Subject	Date	Grade
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'A'-Levels:

Subject	Date	Grade/Expected Grade
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5. College/University Offer:

Name of College or University:

Subject:

Date when course begins:

'A'-Level grades/points required for place:

If you are deferring entry, **please state your reason below**, bearing in mind that you will need to convince the Trustees that this will not adversely affect your academic progress

6. Confirmation

- I confirm that I hold a valid offer for the university place given above
- I confirm that I live within an 8km/5 mile radius of the Bill Tutte Memorial on Rutland Hill in Newmarket, or that I live outside this area but have some connection with Newmarket, as detailed below:

- I agree to take part in any associated publicity for the Scholarship and the Bill Tutte Memorial Fund
- I enclose Part 2 of Form A (Application) and a completed Form B (Reference)

Signed:

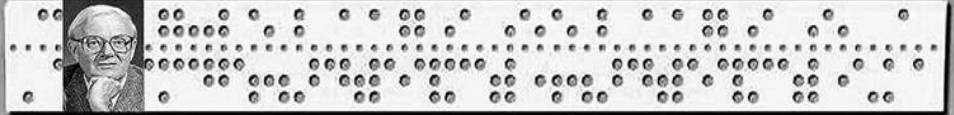
Date:

Print name:

Please note: this form MUST be returned by 31st August to:

The Bill Tutte Memorial Fund Trustees,
c/o The Town Clerk,
Memorial Hall,
High Street,
Newmarket,
Suffolk
CB8 8EP

If you have any queries about the Scholarship, please do not hesitate to contact the Trustees at scholarship@billtuttememorial.org.uk. For further information about the Bill Tutte Memorial Fund, please visit www.billtuttememorial.org.uk.



Form A: Application (Part 2: Supporting Statements)

(PLEASE PRINT THIS FORM, FILL IN WITH BLACK INK, THEN SIGN AND DATE)

Applicant's Name:

Please answer the following three questions:

A. What do you know about Bill Tutte?

(Up to 200 words)

B. Why are you applying to study Maths or Computer Science at University?

(Up to 200 words)

C. How have you demonstrated your commitment to your studies?

(For example, have you had to overcome any difficulties, or have you developed your interest in mathematics outside school?)

(Up to 200 words)

Signed:

Date:

Print name:

Please note: this form MUST be returned by August 31st to:

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c/o The Town Clerk,
Memorial Hall,
High Street,
Newmarket,
Suffolk
CB8 8EP**

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