

## Form A: Application (Part 1: Personal Details)

You are invited to apply for a Bill Tutte Alborada Trust 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:

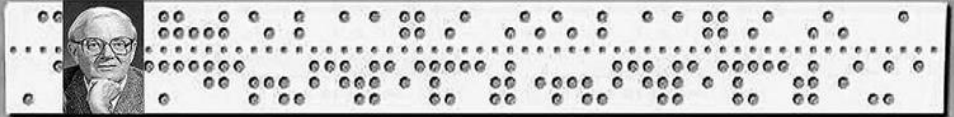
Date:

Print name:

**Please note: this form MUST be returned by 31<sup>st</sup> August to:**

The Bill Tutte Memorial Fund Trustees,  
c/o Alison Hayes,  
Newmarket Journal Office,  
5b Wellington Street,  
Newmarket,  
Suffolk  
CB8 0HT

If you have any queries about the Scholarship, please do not hesitate to contact the Trustees at [scholarship@billtuttememorial.org.uk](mailto:scholarship@billtuttememorial.org.uk). For further information about the Bill Tutte Memorial Fund, please visit [www.billtuttememorial.org.uk](http://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:**

**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](mailto:scholarship@billtuttememorial.org.uk). For further information about the Bill Tutte Memorial Fund, please visit [www.billtuttememorial.org.uk](http://www.billtuttememorial.org.uk).**