

**LINACRE COLLEGE
UNIVERSITY OF OXFORD**

APPLICATION FORM FOR CANADIAN NATIONAL SCHOLARSHIP 2014/15

FIRST NAMES	FAMILY NAME
ADDRESS FOR CORRESPONDENCE	PERMANENT ADDRESS (if different)
Telephone no.	Telephone no.
Email	
Details of two referees (<i>who should be asked to send references to The Senior Tutor, Linacre College, Oxford OX1 3JA no later than 31 March 2014</i>). Please include name, address, contact telephone and email.	
DEGREE APPLIED FOR OR CURRENTLY UNDERTAKING.	
Degree: MSt <input type="checkbox"/> MSc <input type="checkbox"/> MPhil <input type="checkbox"/> DPhil <input type="checkbox"/>	
Department:	
Subject:	
If you are studying for a DPhil or MPhil please attach a brief (500 word) description of your topic of research	
DETAILS OF CURRENT AND PREVIOUS HIGHER EDUCATION:	
Institution attended	From To Course followed/qualification obtained
PLEASE GIVE DETAILS OF FINANCIAL SUPPORT OBTAINED OR APPLIED FOR, INCLUDING AMOUNTS WHERE KNOWN	

PLEASE COMPLETE AND RETURN THE APPLICATION FORM AND ATTACHMENTS TO THE SENIOR TUTOR, LINACRE COLLEGE, OXFORD, OX1 3JA, UK, TO ARRIVE NOT LATER THAN 31 MARCH 2014. *If not already reading for an Oxford higher degree, APPLICANTS MUST APPLY SEPARATELY TO THE UNIVERSITY OF OXFORD.* IT IS OPEN TO A SUITABLY QUALIFIED STUDENT OF CANADIAN NATIONALITY READING OR INTENDING TO READ FOR A POSTGRADUATE DEGREE WHO IS LIABLE TO PAY FEES.

LINACRE COLLEGE
Equal Opportunities Monitoring Form

Linacre College is committed to a policy of Equal Opportunities. It is our aim to ensure that all applicants are treated equally regardless of their sex, race, colour, ethnic origin, age or disability.

To do this we need to know about the people who apply to the College and we would be grateful if you would complete the following questions. This form will not be kept with your application and will not be seen by the people involved in making a judgement on your application. The information that you give will remain completely confidential and will only be used to monitor our equal opportunities policy. The data will be used in line with the data protection act. The information you provide will be destroyed twelve months after an application is made.

Ethnic Group

Please tick the box which you feel most adequately describes your ethnic origin.

<input type="checkbox"/>	White British	<input type="checkbox"/>	Asian – Indian
<input type="checkbox"/>	White English	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	White Irish Traveller	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	White Welsh	<input type="checkbox"/>	Other Asian background
<input type="checkbox"/>	White Scottish	<input type="checkbox"/>	Mixed white & Asian
<input type="checkbox"/>	Other white background	<input type="checkbox"/>	Other mixed background
<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Other ethnic background
<input type="checkbox"/>	Mixed white & black Caribbean	<input type="checkbox"/>	Prefer not to specify
<input type="checkbox"/>	Black African	<input type="checkbox"/>	
<input type="checkbox"/>	Mixed white & black African	<input type="checkbox"/>	
<input type="checkbox"/>	Other black background	<input type="checkbox"/>	

Gender

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Prefer not to specify

Disability

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to specify

Nationality

<input type="checkbox"/>	“Home”
<input type="checkbox"/>	EU
<input type="checkbox"/>	Non-EU

Application for: Canadian National Scholarship
