



THE SCOTTISH ROCK GARDEN CLUB

DIANA AITCHISON FUND APPLICATION FORM

1. GENERAL			
Title	Dr/Mr/Mrs/Ms/*Other (please state)		
Surname	Gender	Male/Female*
Forenames		
Address		
	Postcode
Date of Birth/...../.....	Nationality
E-mail address	Tel No
Correspondence Address (if different from above)			
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2. EDUCATION

Secondary Education

Present/Last* School Attended: Name

Address

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Dates Attended

Qualifications Gained and Grades

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Tertiary Education (if applicable)

College/University* Attended: Name

Address

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Dates Attended

Qualifications Gained and Grades

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Other Study/Work Experience

Please list any relevant courses or placements

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Honours/Awards

Please list any honours or awards you have won

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3. EMPLOYMENT HISTORY

Please list your employment history including organisation name, address, job title, dates of employment

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4. PURPOSE OF APPLICATION

In what way will funding be of benefit to you?

Name of Institution Involved

Name of Contact Tutor/Supervisor
(whom we may contact if necessary)

Address
.....

..... **Tel No**

Course Title (if applicable)

Qualifications to be gained

Role/Job on Placement (if applicable)

Proposed Duration: Start Date **End Date**

5. INTEREST IN ALPINES/ROCK GARDENING Please state your interest in alpines/rock gardening, including your membership of any societies/clubs.

6. CAREER AMBITIONS Please state your career ambitions.

7. FUNDS SOUGHT Please detail the funding sought from the Diana Aitchison Fund

Total Cost of Course/Placement	£
Sum Sought from Diana Aitchison Fund	£
<u>Other Funding Contributions:</u>	
Funding applied for £	Funding granted £
Personal Funding (a personal contribution is expected)	£

8. REFEREES Please give names and addresses for THREE Referees:

- a) & b) Professional, who can vouch for your horticultural interests;
- c) Personal, who can provide a general character reference.

a) b)

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c)

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9. HOW DID YOU BECOME AWARE OF THE DIANA AITCHISON FUND?

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10. DECLARATION

I confirm that the information given on this Form is, to the best of my knowledge, correct.

Signature **Date**