CHARLES SLATER FUND

APPLICATION

(Please do not attach any additional pages to this form: if you edit the form, ensure that it consists finally of only one page of A4. Any applications of more than one page will be returned.)

Name of applicant		Date
Department		1
Amount Requested		
University Travel Fund	Eligible/ Not Eligible*	
If eligible for UTF:	Have you applied to UTF	Yes/No*
	If yes state amount awarded or expected	
	If no state reason	
Other grants applied for/gr	ranted	
Breakdown of costs:		
Reason for request		
To be completed by the head of the relevant University Department before submission		
Signature of Head of Departs		order of priority
Indicating support		