**THE MATTHEW BACON BURSARY**

**APPLICATION FORM**

PART ONE[[1]](#footnote-1)

|  |
| --- |
| **PERSONAL DETAILS - CADET** |
| WESTMINSTER NUMBER |        |
| RANK      | FORENAME(S)      | SURNAME        | M [ ]  F [ ]   |
| DATE OF BIRTH      | ACF COUNTY/BATTALION      | ACF DETACHMENT      |
| **PERSONAL DETAILS – PARENT/GUARDIAN** |
| TITLE      | FORENAME(S)      | SURNAME        |
| RELATIONSHIP TO CADET |        |
| HOME ADDRESS       | TELEPHONE NUMBER(S)      |
| E-MAIL      |
| **COURSE DETAILS[[2]](#footnote-2)** |
| FIRST CHOICE | DATES      | COURSE      | LOCATION      |
| SECOND CHOICE | DATES      | COURSE      | LOCATION      |
| **CADET’S PERSONAL SUMMARY** |
| 1. WHAT HAVE YOU WANTED TO DO BUT HAVEN’T BEEN ABLE TO, AND WHY? (i.e. Personal, academic or ACF related goals, achievements or opportunities)

      |
| 1. WHAT INTERESTS DO YOU HAVE? (i.e. Any courses, activities or interests in the last few years?)

      |
| 1. ENTER A SHORT STATEMENT AS TO WHY YOU THINK YOU ARE SUITABLE TO BENEFIT FROM THE BURSARY. (Continue on separate sheet if necessary)

      |
| 1. WHAT DO YOU WANT TO DO IN THE FUTURE? (i.e. Academically, professionally or otherwise?)

      |
| 1. OTHER SUPPORTING COMMENTS

(i.e. Any other information not provided and/or list any attached documents you wish to support your application)      |
| Have to read and understood all the supporting information, including the parent information letter detailing the expectations of your son/daughter/ward if they selected for a bursary?Yes [ ]  No [ ]  |
| Parent/Guardian’s Signature of consent to participate in the Mathew Bacon BursarySigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ |

Further sheets or documentation supporting your application will be accepted and considered alongside the main application form.

Any supporting documents will not be returned unless specifically requested.

**THE MATTHEW BACON BURSARY**

**APPLICATION FORM**

PART TWO[[3]](#footnote-3)

|  |
| --- |
| **SUPPORTING RECOMMENDATIONS** |
| 1. **DETACHMENT COMMANDER’S COMMENTS** – What are the factors that has stopped this cadet from achieving their potential? Why were they recommended for this bursary?

      |
| RANK      | FORENAME(S)      | SURNAME        |
| PREFFERED E-MAIL ADDRESS |       |
| 1. **RECOMMENDATION BY CADET COMMANDANT**

**You must explain why the cadet will benefit and what impact the course will have. High fliers or cadets who do not demonstrate how they would improve will be sifted out.** **Candidates must be cadets:** 1. **with low self-confidence; or,**
2. **who have not achieved their potential in the ACF; or,**
3. **who tend to hold back from engaging in cadet activities or other opportunities.**

       |
| Have you discussed your comments with the cadet’s Detachment Commander?Yes [ ]  No [ ]  |
| Commandant’s SignatureSigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ |

Applications must be endorsed by the candidate’s Cadet Commandant; both parts must be sent together by e-mail before **21st March 2022** to grants@acctuk.org

1. To be completed by the cadet and their parent/guardian – Personal information will be shared with Outward Bound Trust [↑](#footnote-ref-1)
2. Which of the OBT Courses would you be able to attend, please check availability and travel options before selecting. [↑](#footnote-ref-2)
3. To be completed by the relevant CFAV [↑](#footnote-ref-3)