**THE MATTHEW BACON BURSARY**

**APPLICATION FORM**

PART ONE[[1]](#footnote-2)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS - CADET** | | | | | | | | | | | |
| WESTMINSTER NUMBER | | | | | |  | | | | | |
| RANK | FORENAME(S) | | | | | SURNAME | | | | | |
| ACF COUNTY/BATTALION | | | | | | ACF DETACHMENT | | | | | |
| DATE OF BIRTH | | | GENDER | | | | | PREFERRED PRONOUNS | | | |
| **PERSONAL DETAILS – PARENT/GUARDIAN** | | | | | | | | | | | |
| TITLE | | | FORENAME(S) | | | | | SURNAME | | | |
| RELATIONSHIP TO CADET | | | | | |  | | | | | |
| HOME ADDRESS | | | | | | TELEPHONE NUMBER(S) | | | | | |
| E-MAIL | | | | | |
| **COURSE DETAILS[[2]](#footnote-3)** | | | | | | | | | | | |
| *FIRST CHOICE* | DATES | | | | COURSE  SUMMIT ADVENTURE | | | | LOCATION | | |
| *SECOND CHOICE* | DATES | | | | COURSE  SUMMIT ADVENTURE | | | | LOCATION | | |
| *THIRD CHOICE* | DATES | | | | COURSE  SUMMIT ADVENTURE | | | | LOCATION | | |
| **AVAILABILITY** | | | | | | | | | | | |
| 1. ARE THERE ANY DATES THAT YOU ARE NOT AVAILABLE FROM 30TH JUNE – 25TH AUGUST 2025? (i.e. Please list the dates of any known Annual Camp, Family Holiday, Exams etc you are planning to attend as well as this course if you are successful) | | | | | | | | | | | |
| **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 a 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) | | | | | | | | | | | |
| **DECLARATION** | | | | | | | | | | | |
| Have you read and understood the supporting information, including the parent information letter detailing all the expectations of your child/ward if they are selected for a bursary? *Please tick to confirm.* **Yes**  **No** | | | | | | | | | | | |
| Parent/Guardian’s signature of consent to participate in the Mathew Bacon Bursary: | | | | | | | | | | | |
| SIGNED | |  | | 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-4)

|  |  |  |  |
| --- | --- | --- | --- |
| **SUPPORTING RECOMMENDATIONS** | | | |
| 1. **DETACHMENT COMMANDER’S COMMENTS** – What factors have stopped this cadet from achieving their potential? Why were they recommended for this bursary? | | | |
| RANK | FORENAME(S) | | SURNAME |
| PREFERRED E-MAIL ADDRESS | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUPPORTING RECOMMENDATIONS** | | | | | | |
| 1. **RECOMMENDATION BY CADET COMMANDANT**   You must explain why the cadet will benefit and what impact the course will have. Highfliers 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. | | | | | | |
| **DECLARATION** | | | | | | |
| Have you discussed your comments with the cadet’s Detachment Commander? *Please tick to confirm.* **Yes**  **No** | | | | | | |
| Commandant’s signature agreeing to the support of the ACF County if this cadet is selected: | | | | | | |
| SIGNED |  | PRINT NAME | |  | DATE |  |
| PREFERRED E-MAIL ADDRESS | | |  | | | |

Applications must be endorsed by the candidate’s Cadet Commandant.

Both parts must be e-mailed together before **3rd February 2025** to [grants@acctuk.org](mailto: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-2)
2. Which of the OBT Courses would you be able to attend, please check availability and travel options before selecting. [↑](#footnote-ref-3)
3. To be completed by the relevant CFAV [↑](#footnote-ref-4)