

Anglo Israel Scholarship Application Form 2017

Please **type** in the boxes below using **Arial font size 11 pt**. Do **not** complete by hand. This application must be submitted by 27th January 2017.

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| --- | --- |
| Title |  |
| First name |  |
| Middle names (s) |  |
| Surname |  |
|  |  |
| Telephone number |  |
| Email address |  |
|  |  |
| Middle Temple  membership number |  |
| Call date (if applicable) |  |
|  |  |
| Please explain why you are applying for the scholarship and why it should be awarded to you. **Max 250 words**. | |
|  | |

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| --- |
| I hearby submit my application (including CV and academic reference) for the above named scholarship. I declare that the information I have provided is true in all respects.  **Signature** ……………………………………………………………    **Date** ………………………  (If this application is submitted by email, by doing so you confirm that the above declaration is true)  *The information contained in your application will be processed and held in accordance with the Inn’s data protection policy.* |