**Visionary Scholarship**

This nomination form is for the Visionary Scholarship and **must** only be completed by a teacher or adviser working in the nominated students’ school, college or other partner institution (restricted to two nominations per institution).

Students should meet the following criteria to be nominated to receive the Visionary Scholarship:

* One of no more than two nominations from your institution (one form per nomination)
* Nominated by a member of staff
* Embody our university values and have overcome adversity. More information about our values can be found here: [This is our time 2030 Strategy](https://docs.gre.ac.uk/__data/assets/pdf_file/0034/287953/uog-strategy.pdf)
* Applied through UCAS using the school or college centre name
* Has received an offer from us to study a full-time undergraduate course (including extended programmes) paying the maximum tuition fee of £9250, commencing in September 2024.
* This course can be at our Greenwich, Avery Hill or Medway campus (excluding the Medway School of Pharmacy).
* They have visited the university or engaged in preparatory progression activities offered by the University of Greenwich in school/college.

Please complete all parts of the nomination form in full, including the declaration. Nominations without a signed declaration cannot be considered.

If you need any assistance, please email: [outreach@gre.ac.uk](mailto:outreach@gre.ac.uk)

**Teacher/Adviser and Institution Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | **Surname** |  |
| **Institution name** |  | **UCAS Apply Centre (if different)** |  |
| **Institution address** |  | **Institution postcode** |  |
| **Institution telephone/ your contact number** |  |
| **Your email address** |  | | |

**Student and Course Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student UCAS ID** |  | | |
| **First name** |  | **Surname** |  |
| **Student email address** |  | | |
| **Student contact number** |  | | |
| **Progression activities completed e.g. taster days, twilight lectures** |  | | |
| **Course(s) applied for at Greenwich** |  | | |

**Supporting Statement**

Explain how your nominated student embodies each of our university values; inclusive, collaborative, and impactful. This could be demonstrated at school/college or through their extra-curricular activities/hobbies. Please also detail how they have overcome adversity throughout their current studies and how this will support them with their progression into higher education.

Please note this supporting statement is a significant feature of the nomination and is referred to by the scholarship panel within their shortlisting process.

|  |
| --- |
| **How does your nominated student embody our university values of being inclusive; collaborative and impactful? (Please give examples. 250 words maximum)** |
|  |
| **How has your nominated student overcome adversity in their current studies, and how will this support them with their progression into higher education? (250 words maximum)** |
|  |

**Privacy Statement**

Any information provided in this nomination form will be processed, shared and stored in accordance with Data Protection Legislation.

The data provided will be used to assess nominations for the Visionary Scholarship. This will necessitate the secure storage of the data on University of Greenwich systems and the sharing of the data with University of Greenwich staff who are involved in the processing and award of the Scholarship.

Once the Scholarship has been awarded, we will use the information to contact both the teacher/adviser (whether nominees are successful or not) and the student (only if successful in receiving the award) by the contact details provided. If your nomination is successful, the information provided will be used to communicate opportunities to be involved in promotional activities.

If you have any questions about the use of the information provided, as outlined above, please contact: [outreach@gre.ac.uk](mailto:outreach@gre.ac.uk)

**Declaration**

I declare that the information that I have given on this form is correct and complete to the best of my knowledge.

I understand that if my nomination is successful, I may be asked to be included in case studies (along with the successful student(s) and other university promotional material, and I agree to do so unless I have valid reasons for not wanting to be included.

I have informed the student nominated and have their permission to put them forward for the Visionary Scholarship and have informed them of the criteria relevant to this scholarship.

**Teacher / Advisor Signature:**

**Signed……………………………… Print name………………………….**

**Date…………………………………**

**Student Signature:**

**Signed……………………………… Print name…………………………..**

**Date…………………………………**

**Parent/Guardian Signature:**

The signature of a parent or guardian is required if the applicant is under 18 at the time of completing the nomination form.

**Signed ……………………………… Print name …………………………..**

**Date …………………………………**

**Relationship to nominated student ….............................................**

Please save the completed nomination form as **VS\_your\_name\_date** and submit to [outreach@gre.ac.uk](mailto:outreach@gre.ac.uk) by **00:00 24 May 2024**. Please password protect the form and send the password in a separate email along with the file name.