**Application Form for FSU ULF Learning**

|  |  |
| --- | --- |
| Name: |  |
| Employer and Place of Employment: |  |
| Staff Number: |  |
| Title of Course you are applying for: |  |
| Course Venue & Start Date: |  |
| Please state your Highest Level of Education: |  |
| Any further information to support your application: |  |

 **If you are applying for the Open University Scholarship, please fill out the section above and below:**

|  |  |
| --- | --- |
| Your preferred course, the cost of the course and the commencement date: |  |
| Give detailed reasons why you should be considered as a suitable candidate for an Open University scholarship: |  |