**School of Medicine, Dentistry & Biomedical Sciences**

Queen’s University Belfast

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**The Mathews Family Scholarship – 2024/25**

**Application Form**

**SECTION A: Personal Information:**

|  |  |
| --- | --- |
| Full name |  |
| Application Number: |  |
| Permanent address & postcode |  |

**SECTION B: Eligibility**

|  |  |  |
| --- | --- | --- |
| 1 | Please confirm you are a current Medical student at QUB | Yes/No |
| 2 | Which Intercalated Master’s Degree have you applied to? |  |

*Please refer to the advertisement for full criteria.*

**SECTION C: Please complete the following as fully as possible, in 300 words or fewer.**

Please clearly state your reasons for wishing to undertake an intercalated degree in no more than 300 words.

**Return your completed application to:** [**pgoffice.smdb@qub.ac.uk**](mailto:pgoffice.smdb@qub.ac.uk)

**Deadline for return:** **Wednesday 8 May 2024, 10am**

The [Queen’s University Student Applicant Privacy Policy](https://www.qub.ac.uk/privacynotice/Students/SchoolsPrivacyNotices/StudentApplicantPrivacyNotice.html) offers a clear explanation of how we treat your information – how we collect it, process it, and use it. Please be advised that for the purposes of processing your application and administering the Mathews Scholarship, the information you have provided on this application will be shared with the by the School PGT Scholarships Committee.