



## TIKO FOUNDATION REFERRAL FORM

This form is for referral agencies to complete with an applicant. Please send completed forms to the Grants Manager at [info@tikofoundation.org](mailto:info@tikofoundation.org). If the referral is successful, the applicant will be contacted directly and asked to complete an Application Form and Financial Eligibility Checker. Referral forms are typically processed within 2-4 weeks.

### REFERRAL AGENCY'S INFORMATION:

Date:	
Name:	
Position:	
Address:	
Tel No.:	

Email Address:	
Preferred method of contact:	
Relationship to applicant:	

### INFORMATION ABOUT APPLICANT:

Title:	
First name:	
Surname:	
Date of birth:	
Age:	
Gender:	
Nationality:	
Tel No:	
Email address:	
Postal address:	
Immigration Status:	
Time spent in the UK:	
Permitted to work:	
Employed:	
Current level of study:	
Current subjects and grades:	
University/College course to be studied:	
University/College to be studied at:	
Type of offer gained: i.e. conditional/unconditional	

Educational and career aspirations:	
Type and amount (per annum) of financial support needed, e.g. tuition fees, accommodation	
Financial support available to you throughout your degree e.g. SSD; NASS; Social Services support; other charities; salary from work:	
Other supporting information:	