University of Cambridge

DEPARTMENT OF ANGLO-SAXON, NORSE AND CELTIC

**Reference on behalf of a student applicant to the**

**H.M. Chadwick Fund**

Name of Applicant: .....................................................................................

Name of Referee: ..................................................................................... Supporting Statements:

Signed: .................................................... Date: .......................................

 When completed, this form should be sent to Lisa Gold – lg432@cam.ac.uk.

Department of Anglo-Saxon, Norse, and Celtic, 9 West Road, Cambridge, CB3 9DP, to reach her **no later than 20 February 2025.**