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| **ALVELEY CHARITY** |
| **APPLICATION FORM FOR EDUCATIONAL ASSISTANCE GRANT** |
| 1. Applicants must be in full or part time education
2. Studying for a recognised qualification
3. Resident in the Parish of Alveley/Romsley.

Applications from mature students are accepted*Applications are typically reviewed at the September Meeting* |
| Name of Applicant (Please print) | DoB  | Address of applicant |
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| We acknowledge receipt of your application and advise you of the outcome- we prefer to do this via email.  |
| If this is ok, please supply a contact email address:- |  |
| Place of study and Course subject | Reason for Grant application (eg. Books/ Travel / Equipment) |
|   |  |
| Do you receive funding or financial support for this course eg. Other grants, employer subsidy ?  |
| If yes please give details :- |
|  |
| Signature of applicant | Date of application |
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| Completed applications should be returned as soon as possible to the secretary to Alveley Charities – c/o Daryl Cooper, St Peters Finger, Romsley Lane, Alveley, WV15 6HJ, or by email to alveleycharities@gmail.com |
| Your application will be considered at the next Alveley Charity meeting of the trustees. |
| Version1 |