|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | |
|  | / / | | |  | |  |  |
|  |
|  |
|  |
|  |
|  |
| 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 | | |
|  | | | | | / / | | |
| 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 | | | | | | | |