

SOUTHAM UNITED CHARITIES EDUCATIONAL GRANT APPLICATION FORM

Application for assistance in paying for equipment, outfits, books, fees etc by those engaged in higher education or post - school training. Applicants must be resident within the parish of Southam.

Grants will only be considered between 1 Jun and 31 Aug and a response will be made by 30 Sep.

If you require more space to answer any questions please firmly attach a separate piece of paper.

| | |
|--|---|
| Name: | Parent/Guardian's Name : (if applicable) |
| Address: | Address (if different from your permanent address) : |
| Tel: Email: | Tel: Email: |
| Date of Birth: (dd/mm/yyyy) | College/University etc.: |
| Course Title: | Course Year: e.g. 1st/2nd/3rd |
| Qualification sought: | |
| Have you applied previously to Southam United Charities for an educational grant? (please tick appropriate box) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Were you successful? (please tick appropriate box) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Reasons for your Application: | |
| Details of any other grants received or applied for this year: | |
| Are your course fees paid for, other than by family? (please tick appropriate box) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If YES by whom: | |
| Please provide the name, address and telephone number of one person who would be willing to give a reference if necessary: | |
| Bank Account Details - Account Name: | |
| Sort Code: <input type="text"/> <input type="text"/> <input type="text"/> | Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| SIGNED: | DATED: |

All details will be treated in the strictest confidence. Please return application form to: Mary Rouse
Clerk to Southam United Charities
Olympus House
Olympus Avenue
Leamington Spa. Warwickshire. CV34 6BF