

MOUNTSORREL EDUCATIONAL FUND

Grant Application Form

A Level or College Equivalent

STUDENT'S DETAILS

Full Name:					
Home Address: (incl. postcode)				Parent/Guardian's Name (& address if different):	
Date of Birth:		Age:		Telephone Number:	
Email Address:					
Period of residence in Mountsorrel:			years	months	
Should a grant be awarded, to whom should a cheque be made payable?					

COURSE DETAILS

School/College name:					
Course Name:					
Length of Course:				Year of Study:	
Date of start of course:				Full/Part Time:	

APPLICATION DECLARATIONS

We confirm that the above questions have been answered truthfully and to the best of our ability				
Student's Signature:			Date:	
Parent/Guardian's Signature:			Date:	
<i>SHOULD YOU FEEL THERE IS ANY ADDITIONAL INFORMATION OR CIRCUMSTANCES WHICH MAY AFFECT THIS APPLICATION PLEASE PROVIDE DETAILS OVERLEAF.</i>				

TUTOR'S CONFIRMATION *(for completion by tutor only)*

I confirm that the above student is attending the course at this college as stated above.	Official School/College Stamp:
Tutor's Signature:	
Date:	

THIS FORM IS STRICTLY CONFIDENTIAL AND FOR THE USE OF THE TRUSTEES ONLY

*Once completed please return this form with a stamped addressed envelope to:
CLERK TO THE TRUSTEES: Liz Resch, 4 Rothley Road, Mountsorrel, Loughborough, LE12 7JU*