

MOUNTSORREL EDUCATIONAL FUND

Grant Application Form

Educational Trip Grants

APPLICANT'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	
If a grant is awarded, it will be paid direct to the applicant's bank account. Please provide details here:					
Name on account:					
Account Number:		Sort Code:			

EDUCATIONAL TRIP DETAILS

Please tell us about the trip and the educational benefits that it will provide					
School/College/Group (if applicable):				Cost:	£
Please send proof of payment (copy of receipt) with this application.					

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/GROUP LEADER'S CONFIRMATION *(for completion by tutor/leader only – where applicable)*

I confirm the application as detailed above is correct and will benefit the applicant with their education.		Official School/College Stamp <i>(where applicable)</i> :	
Tutor/Leader's Signature:			
Date:			

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

Once completed please return this form with proof of payment to:
CLERK TO THE TRUSTEES: Liz Resch, 4 Rothley Road, Mountsorrel, Loughborough, LE12 7JU