

KELSICK'S EDUCATIONAL FOUNDATION

GRANT APPLICATION - FORM G

BEFORE COMPLETING THIS FORM READ THE **GRANT APPLICATIONS** PAGE FOR INFORMATION ON HOW TO COMPLETE THIS FORM AND ON ELIGIBILITY AND THE GRANTS PROCEDURE.

1. FULL NAME OF APPLICANT

Surname _____ Forenames _____

Address _____

Postcode _____ Phone _____

How long have you lived at this address? _____ Years.

If less than FOUR Years give previous address:

2. DATE OF BIRTH ____/____/____

3. NAME AND ADDRESS OF PRESENT EDUCATIONAL ESTABLISHMENT

4. REASONS FOR APPLICATION.

(i) The following sections A-G to be completed for FULL-TIME Further/Higher Education at SCHOOL/COLLEGE/UNIVERSITY.

- A) Is your Course - FULL-TIME RESIDENTIAL? YES/ NO
- PART-TIME RESIDENTIAL? YES/NO
- LIVING AT HOME? YES/NO

B) Title of Course to be taken _____

C) Name and address of Institution _____

D) Qualification to be obtained _____

E) Length of Course in years _____ Years

F) For which year of the course is this application made? _____ Year.

(ii) The Following Sections H-L to be completed for APPRENTICESHIPS/ON THE JOB TRAINING ONLY.

G) Type Of Apprenticeship/Training _____

H) Name And Address Of Firm Providing Apprenticeship/Training _____

I) Length Of Apprenticeship ____ Years. For Which Year is this Application made __ Year.

J) Are You Given Day/Block Release to College? **YES/NO**

(iii) OTHER GROUNDS FOR APPLICATION

M) Please give details (a letter may be attached to this form)

5. SIGNATURE OF APPLICANT _____ Date ____/____/____

If under 18 years of age, this must be signed by your parent/guardian.

KELSICK'S EDUCATIONAL FOUNDATION

GRANT APPLICATION - FORM R2

FOR COMPLETION BY HEAD OF DEPARTMENT/TUTOR/EMPLOYER.

The Trustees would be grateful if by your signature you would verify that

_____ (Name of Applicant) is:

- a) REGISTERED FOR THE COURSE
- b) ATTENDING THE COURSE and making satisfactory progress
- c) REQUIRED TO HAVE THE ITEMS LISTED for the course/training

NAME OF HEAD OF DEPARTMENT/TUTOR/EMPLOYER _____

Signature _____

Date _____

OFFICIAL STAMP OF THE INSTITUTION/EMPLOYER/TRAINER

APPLICANTS IN THEIR SECOND OR SUBSEQUENT YEARS OR A COURSE

should indicate below the results of any examinations or assessments arising from the previous year of the course

Signature of Applicant _____

Date _____