

KELSICK'S EDUCATIONAL FOUNDATION
GRANT APPLICATION – FORM G

BEFORE COMPLETING THIS FORM PLEASE READ THE 'GRANTS APPLICATION' PAGE FOR INFORMATION ON HOW TO COMPLETE THIS FORM AND ON ELIGIBILITY AND GRANTS PROCEDURE. YOU MUST RE-APPLY FOR EACH YEAR OF A COURSE

1. FULL NAME OF YOUNG APPLICANT **2. FULL NAME OF PARENT IF APPLICANT UNDER 18**

Surname _____ Forename _____

Address _____

Post code _____ Phone _____ e-mail- _____

How long have you lived at this address? _____ Years

If less than 4 years give previous address _____

3. DATE OF BIRTH / / _____

4. NAME AND ADDRESS OF PRESENT EDUCATIONAL ESTABLISHMENT

5. REASONS FOR APPLICATION

(i) The following sections A-F 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 G-J to be completed for **APPRENTICESHIPS/ON THE JOB TRAINING ONLY**

(G) Type of Apprenticeship or 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 in a letter attached to this form.

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

If Under 18 years of Age this must be signed by Parent/Guardian

IN SIGNING THIS APPLICATION you are giving CONSENT to any or all of the DATA within the Application being made available to all Trustees and Officers of the Foundation.

7. Please Print name _____ **Don't Forget to re-apply for EACH YEAR OF YOUR COURSE**

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 _____