

SPILSBY GRAMMAR SCHOOL FOUNDATION

APPLICATION FOR STUDENT GRANT 2016/2017

Note: Please read the Grant Criteria Carefully before completing this Application Form

Full Name: _____ Date of Birth: _____

Home Address: _____

Post Code: _____ Contact Telephone Number: _____

Schools Attended: Primary: _____ Years: _____

Secondary: _____ Years: _____

Place of Post 18 Full Time Education or Training: _____

Course being taken _____ Start Date: _____

Other Educational Projects:

Statement as to why you are applying for the grant including any details you think may be of assistance to the Trustees when considering your application:

Are you receiving Grant Aid from other sources? e.g. School, Local Charity or sponsorship: Y/N

If yes, please state from whom: _____

Signed: _____ Dated: _____

Please advise us how you became aware of this grant scheme: Please circle

Newspaper website word of mouth previous application

Please return an original signed copy of the completed application form to:

Mr. D.E. Holmes,
Clerk to the Foundation Trustees, 20 North Beck Lane, Hundleby, Spilsby PE23 5NB

By not later than 12noon on Monday 23rd. January 2017 Late applications will not be considered.