WILLIAM MEDLEYS CHARITY

PLEASE COMPLETE IN BLOCK LETTERS AND RETURN TO MEDLEYS CLERK AT 15 SOUTH BRINK, WISBECH PE13 1JL

STUDENT APPLICATION FOR FINANCIAL ASSISTANCE

APPLICANT				
Your name in full:	Christian names:			
[in CAPITAL LETTERS]	Surname:			
Your present home address:				
Postcode:				
Your e-mail address:				
Your date of birth:				
What course are you hoping to study?				
When does the course start:				
Where will you be living whilst you are doing your course?				
How long will the course take to complete?				
What help, if any, have you got in place to cover things like course fees and do you know how much they are? [please give details]				
		set out what results you need to achieve to do your		
course and when those results will be known.				

Is there any other information you would like the Trustees to know and, if so, please set that ou	t
below?	

Please sign and date this form, where shown, and return it to the address below. If you are under 18, please ask one of your parents to sign as well.

Applicant's signature:

Date:

Parent's signature:	
[if Applicant under 18]	

Please send or deliver, when complete, to:

The Clerk Medleys Charity Bowsers 15 South Brink Wisbech PE13 1JL

or send, attached to an e-mail, addressed to brian.bowser@bowsers.co.uk