



Application Form

(MUST be completed by the applicant in person)

The information on this form will help us process your application. If you need advice or assistance in completing the form, please telephone Kirsty Campbell on 01749 344949 and she will be happy to help.

All information will be treated in the strictest confidence and used for these purposes only.

Please write clearly in black ink.

Name

Home Address

	Post Code:

Daytime Tel No:

Mobile No:

E-mail:

Age and Date of birth:

Schools/College attended

Have you previously received funding through the Eagle House Trust?

Yes

No

If yes, please give details below (when, how much and what was the grant for?)

Under which local authority have you had access to Children's Social Care? Please give approximate dates.

What are your present circumstances, including education/work

Brief description of purpose for which financial assistance is sought (please continue on a separate sheet if necessary)

Amount applied for £

Total cost of project £

Please give a breakdown of the main costs, including accommodation and transport if applicable

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Please give details below of other contributions to the project from your own earnings/benefits, Local Authority grants and/or other sources of finance

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What do you hope to gain from this project and why is it important to you? (Please continue on a separate sheet if necessary)

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I confirm that the information contained in this application is correct and I consent to my data being processed by the Somerset Community Foundation for the purposes of selection.

Signed:	Date:
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Please keep a copy for your records and return the form to:

Kirsty Campbell
Somerset Community Foundation
Yeoman House
The Royal Bath & West Showground
Shepton Mallet, Somerset, BA4 6QN
kirsty.campbell@somersetcf.org.uk

REFERENCE

Please can you ask a referee to complete this following section. This should be someone who knows you well, such as your teacher, social worker, youth leader, local councillor or employer who can support your application. This is an important part of your application and a decision cannot be made unless it is provided.

Name

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Contact Address

	Post Code:
Daytime Tel No:	Mobile No:
E-mail:	

Relationship to Applicant

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Thank you for providing the Trust with information about the applicant. We would be grateful to learn how long you have known the applicant, something of their background and history and whether you consider that they will succeed in their chosen course. **All information will be treated in the strictest confidence and used for these purposes only.**

Signed:	Date: