

LOCKYER'S CHARITY TRUST

Reg. Charity No. 306246

APPLICATION FORM

Please return to:-

The Clerk to the Trustees
89 Redwood Road
Upton
Poole
Dorset BH16 5QG

Full name of applicant:

Home Address:

.....

Date of Birth:

Name & Address of Employer
and type of apprenticeship (if applicable)

.....

.....

Name & Address of
College / University attending

.....

Course Description

Please give details of any funding or grant / payments you receive towards your course / apprenticeship
i.e. Accommodation Allowance etc.

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Name of parents / guardians

Number of brothers / sisters under sixteen years of age

Your address if different from overleaf
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Do parents / guardians contribute towards cost of apprenticeship / education. YES/NO *(delete as appropriate)*

If **Yes** please give brief details
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Please give fullest possible information on Apprenticeship / Training Course / College Course / University Course or other appropriate background.

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Please attach extra sheet if required.

Amount of grant requested. (Please give ACTUAL amounts of each item and ENSURE that receipts / quotations are enclosed with your application.)

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TOTAL AMOUNT OF GRANT REQUESTED: £.....

Signature of Applicant:

Signature of Parent / Guardian:..... **Date:**

IF YOU HAVE ANY QUERIES PLEASE CONTACT THE CLERK TO THE TRUSTEES ON 01202 776940