

Reference:...../.....

***EDUCATION TRUST FUND OF THE WEST SUSSEX
COUNTY BRANCH OF THE N.F.U.***

APPLICATION FOR AWARD

Please complete this form and return to:-

The Secretary

Education Trust Fund of the West Sussex County Branch of the N.F.U

72 Peppering High Barn

Burpham

Arundel

West Sussex

BN18 9RN

Tel: 01903 885672 Email: rolandgrant123@btinternet.com Date of Application:.....

1. NAMES (in full & in block letters)	
2. ADDRESS (Home) – In block letters Tel: No:	
3. CONTACT ADDRESS (If different from above. In block letters) Tel: No:	
4. AGE	
5. EDUCATION Please give details of schools, Colleges etc; which you have attended, showing years.	

6. EMPLOYMENT & EXPERIENCE
RECORD

Please give details of your employment since leaving school, with dates.

7. GRANT AID

For what course/project do you require grant aid?

7a. The course

7b. Location of your intended course

7c. Start date

7d. Its duration

7e. Expected qualifications on Completion.

8. How much grant aid do you require?

8a. Is per term or per annum.

8b. Give detailed breakdown of your Expenses.

10. Have you applied for grant aid elsewhere e.g. West Sussex County Council?

11. If the answer to the above question (10) is YES, please give details of the grant aid requested.

12. Were you successful in obtaining the above grant aid?

13. If the answer to the above question (12) is NO please give reasons for refusal

14. REFERENCE
Name and address of referee
showing occupation/Job title
and telephone number.

15. Have you been interviewed at a
college etc?
If YES, please state the name of
the college and give the name of
the Interviewer.

16. SUITABILITY
Please provide brief information
which the Trust Fund Managers
can use to assess your suitability
for an award

17. FUTURE INTENTIONS
Career etc

18. INFORMATION
Please state how you heard about
the Education Trust Fund?