

## The Jack Maynard Bursary Fund: Application Form

Name of applicant: \_\_\_\_\_ Age: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Course applied for: \_\_\_\_\_

Course dates: \_\_\_\_\_

The applicant or their family is:

On income support:

Receiving free school meals:

A looked after child:

Brief statement why you think the Jack Maynard Bursary Fund should support you:

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Signed (applicant) and dated: \_\_\_\_\_

Name of Referee: \_\_\_\_\_

Address of Referee: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Brief Statement why you think the Jack Maynard Bursary Fund should support the applicant. Please include details of how you know the applicant .

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Signed (referee) and dated: \_\_\_\_\_