Marritt and Ombler Foundation

Registered Charity Number 510540

APPLICATION FORM

|  |  |
| --- | --- |
| Full Name |  |
| Address | Address of parents/guardians  Post Code |
| Please indicate with a \* your preferred means of contact | Telephone  Mobile  E-mail |
| Date of Birth |  |
| Education  Please give name and location | Primary Secondary  University/College. |
| Present qualifications |  |
| Location of course/activity you wish to attend. |  |
| Reason you wish to attend the course/activity. |  |
| What future plans do you have to develop your skills? |  |
| Have you been accepted or provisionally accepted for the course/activity? |  |
| Subjects to be taken |  |
| Length of course/activity |  |
| Are you in receipt of or have you applied for an award or grant from the Local Education Authority or other body?  Please underline YES NO | |
| If you answered Yes to the above please give details |  |
| Please give details of all costs you anticipate you will incur. | |
| Give here the name, address and telephone number of one person to whom reference can be made as I your character and suitability of an award. |  |

Should an award be made an itemized list of purchases, together with receipts, will be required within a year of the award being made.

I certify that the information given on this application form is correct to the best of my knowledge and belief.

Signature of the applicant …………………………………………………………

Date. ………………………………………………………..

Completed form should be sent to

David Kinnear

Secretary to Marritt and Ombler Foundation.

15 Waudby Garth Road

Keyingham

HU12 9TN

Email: [dhkinnear@gmail.com](mailto:dhkinnear@gmail.com)

Any additional information you wish to give.

Please not that any information given on this form will be held in the strictest confidence by the

Trustees of the Marritt and Ombler Foundation