CHIPPING SODBURY ENDOWED SCHOOL FOUNDATION
CHARITY NO: 311700
APPLICATION FOR FUNDING TOWARDS FURTHER EDUCATION

PERSONAL DETAILS:	
SURNAME:	FIRST NAME(S):
ADDRESS:	CONTACT TELEPHONE NUMBER: CONTACT EMAIL ADDRESS: (TO BE USED FOR **ALL** COMMUNICATION)
BANK NAME AND ADDRESS: ACCOUNT NAME:	ACCOUNT NUMBER: ACCOUNT SORT CODE:
DATES YOU ATTENDED CHIPPING SODBURY SCHOOL FROM: TO:	AGE: DATE OF BIRTH:
UNIVERSITY/COLLEGE DETAILS: **(PLEASE PROVIDE OFFICIAL CONFIRMATION OF THESE DETAILS SUPPLIED AND ENCLOSE WITH THIS APPLICATION)** **(FUNDING WILL ONLY BE GIVEN FOR THE CURRENT ACADEMIC YEAR)**	PLACE OF STUDY: DATE OF ENTRY: ANTICIPATED DATE OF COMPLETION: COURSE STUDIED:
ARE YOU APPLYING FOR APPRENTICESHIP FUNDING? **PLEASE ENTER DETAILS** **FUNDING IS TO SUPPORT SET UP COSTS AND IS THEREFORE PAYABLE IN THE FIRST YEAR ONLY** **AMOUNTS CLAIMED MUSTS BE SUPPORTED BY RECEIPTED INVOICES**	NATURE OF APPRENTICESHIP: DETAILS OF ITEMS YOU WISH TO CLAIM FUNDING FOR?

PERMISSION TO CONTACT CHIPPING SODBURY SCHOOL:

I give permission for Chipping Sodbury Endowed School Foundation to contact Chipping Sodbury School to obtain personal data confirming attendance details entered on this application form.
I give permission for Chipping Sodbury School to release this attendance data to Chipping Sodbury Endowed School Foundation.

Signed …… Date ……

PLEASE RETURN COMPLETED FORM AND ACCOMPANYIING DOCUMENTATION TO:
EMAIL: endowedfoundation@gmail.com
MRS F THORNTON, CHIPPING SODBURY ENDOWED SCHOOL FOUNDATION, 32 THE STREET, DIDMARTON, GL9 1DS