## THE HEMPNALL TOWN ESTATE EDUCATIONAL FOUNDATION GRANT APPLICATION FORM

Your full name:	
Addres	55:
Post Co	ode
Teleph	one number:
	s the grant for? (If not yourself it must be for a member of your immediate family – ations for third parties cannot be accepted)
Has th	e recipient lived in Hempnall for at least 1 year? Yes / No (Delete as appropriate)
At time	e of application is the claim for a person under 16? Yes / No (Delete as appropriate)
	If 16 or over, is the applicant in full or part time education or not in education at all? Full / Part / None (Delete as appropriate)
What i	s the grant for? (Specify type of activity/course/educational expense etc.)
(Contir	nue overleaf if required)
•	ou received any other financial support for the activity for which you are seeking a grant? No (Delete as appropriate)
lf yes,	please give details:
Cost of	f the activity: £
Signed	: Date:
Please	note:
1. 2. 3.	

Send completed forms & receipts to – Ian Nelson, Karinya, Bungay Rd, Hempnall, Norwich, NR15 2NG or <u>hteef.clerk@gmail.com</u>

The award of a grant is subject to agreement by the Trustees of the Foundation