



BIDEFORD BRIDGE TRUST

REGISTERED CHARITY NO.204536

First Floor Offices
4 Bridgeland Street
Bideford
Devon
EX39 2PS
01237 871888

STUDENT SUPPORT GRANT CONFIDENTIAL

APPLICATION BY A STUDENT **NOT** LIVING IN THE PARISH OF BIDEFORD BUT IN THE
WIDER BIDEFORD AREA GOING ON TO HIGHER POST A LEVEL EDUCATION
(INCLUDING VOCATIONAL TRAINING)

SOLELY FOR STUDENTS WHO DO NOT QUALIFY FOR THE BOOK/EQUIPMENT GRANT

1. APPLICANT'S FULL NAME :.....

2. AGE :.....

3. ADDRESS:.....

.....

.....

CONTACT NUMBER:.....

EMAIL:.....

4. HOW LONG RESIDENT IN BIDEFORD
(OR IMMEDIATE NEIGHBOURHOOD):.....

5. DETAILS & DURATION OF COURSE & DEGREE/DIPLOMA SOUGHT,
TOGETHER WITH NAME & ADDRESS OF COLLEGE/UNIVERSITY:.....

.....

.....

6. DETAILS OF ANY OTHER PREVIOUS APPLICATIONS TO THE TRUST:.....

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7. DETAILS OF ANY OTHER ORGANISATION APPROACHED FOR
ASSISTANCE (OTHER THAN DCC):.....

.....

8. ANY OTHER INFORMATION TO BE TAKEN INTO ACCOUNT:.....
.....
.....

I ATTACH EVIDENCE OF MY CURRENT YEAR'S ACCEPTANCE ON THE COURSE REFERRED TO IN QUESTION 5 ABOVE AND CONFIRM THAT THE FINANCIAL INFORMATION ATTACHED IS CORRECT AND I HAVE SIGNED THE DATA PROTECTION FORM ATTACHED.

SIGNATURE OF APPLICANT:.....

SIGNATURE OF APPLICANT'S PARENT/GUARDIAN:.....

DATE:.....

GENERAL DATA PROTECTION REGULATION

I understand that the Trust needs to retain the information that I have supplied in order to be able to demonstrate compliance with the Trust's Scheme to the Charity Commission and to satisfy the Trust's auditors that the monies entrusted to the Trustees have been properly spent. Both these requirements are legal obligations.

Subject to these obligations, the Trust does not disclose any information supplied by you to any other third party.

I understand and accept the basis upon which my information is supplied to the Trust.

Signed.....

Dated.....