##### THE HIGHLAND COUNCIL

###### Caithness Educational Trust Fund

**PLEASE NOTE**

To be eligible the applicant must be a resident in Caithness and beginning a further education college or university. The amount of the grant will be determined by available funds in the applicable financial year.

**PLEASE COMPLETE ALL SECTIONS OF THE FORM**

*If necessary, information may be continued on a separate sheet.*

**1. DETAILS OF APPLICANT**

|  |  |
| --- | --- |
| Name (individual) |  |
| Address  (including postcode) |  |
| Contact Telephone No |  |
| E Mail contact |  |
| Date of Birth & Place of Birth |  |

**2. SCHOOL(S) ATTENDED**

|  |  |  |
| --- | --- | --- |
| **School name** | **From (dd/mm/yy)** | **To (dd/mm/yy)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **QUALIFICATIONS** Please provide details (and supporting evidence) of **Certificates Gained in Secondary Education** |
| Please provide details (and supporting evidence) of **Academic Awards in Further or Advanced Education** |
| Please provide details (and supporting evidence) of **Other Qualifications** |

**4. EDUCATION**

|  |
| --- |
| COURSE OF STUDY |
| NAME OF UNIVERSITY/COLLEGE |
| REASON FOR APPLICATION FOR ASSISTANCE |

**5. COSTS**

|  |
| --- |
| Please provide details of costs likely to be incurred:   * **Travel Expenses** * **Books** * **School Materials (printing, pens, pencils, stationary etc)** |
| Please provide details of funding from other sources towards this cost. |

**6. DECLARATION**

|  |
| --- |
| Please note that by signing this application you are confirming the following:-   * To the best of my knowledge and belief, the information given and figures quoted in this application form are complete and accurate. * I will supply any additional information required for verification purposes * I will inform the Highland Council immediately of any changes in these particulars. * I understand that the giving of false information or the withholding of relevant information will affect my application for grant funding. * I understand that my name and the amount and purpose of the award may be publicised.   **Signature:**  **Date:** |

|  |
| --- |
| **\*Data Protection** – Any personal information you have given will only be used to process and validate your application and may be used in publicity about grants awarded. |

|  |
| --- |
| **Please return completed forms to Alison Donald, Area Care and Learning Manager,  Area North, Care and Learning, Drummuie Council Offices**  **Golspie, KW10 6TA** |