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| **Application for financial aid**In order that the Trustees can make a fair and consistentassessment of all applications, please complete the details below |

**PLEASE FILL IN ALL BOXES**

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| **Full Name:** |
| **Date of Birth:** |
| **Home address:** |
| **Postcode:** |
| **Telephone number:** |
| **Specific purpose of funding:** |
| **If university or college give all details of course:** |
| **Why should we award you with a grant from A Skye Full of Stars:** |
| **Signature: Date:** |
| **Return completed form to: A Skye Full of Stars****via email to: sharonannfry70@hotmail.com** |

*If you cannot spend the money on the specified items or if items cost less than you applied for, then please return the balance to A Skye Full of Stars to*

*enable us to award to another young person.*