GLYNNEATH SELAR EXTENSION COMMUNITY FUND

GRANT APPLICATION FORM

APPLICANT DETAILS

NAME OF STUDENT	
ADDRESS (including post code)	
TELEPHONE NUMBER(S)	
Email	

PARENT (if applicant is under 18)	
Is address same as above?	YES / NO (if no, please give details)
TELEPHONE NUMBER(S)	
Email	

COURSE STUDY DETAILS

NAME OF UNIVERSITY / COLLEGE	
ADDRESS OF UNIVERSITY / COLLEGE	

NAME OF COURSE	
ENROLMENT / STUDENT NUMBER for your course	
WILL YOUR COURSE LEAD TO A DEGREE, HND or EQUIVALENT QUALIFICATION?	YES / NO
LENGTH OF COURSE (in years)	

If requested, would you be willing to attend the panel meeting to give details of your course, ambitions, etc?

YES / NO

Please return the fully completed application AND proof of acceptance to:

The Administrator,
Selar Extension Community Benefit Fund (Glynneath),
Bethania Community Centre,
High Street,
Glynneath,
Neath SA11 5DA

clerk@glynneathtowncouncil.gov.uk