



Visual Impairment Breconshire
Nam Gweledol Sir Frycheiniog
Registered charity number 217377

GRANT/BURSARY
APPLICATION FORM

Please type or print clearly and answer all questions.
All information will be treated in confidence.

Name of applicant:

Full Address:

Postcode:

Telephone

Is the applicant under 18?

Is the applicant registered blind or partially sighted? ____

Present occupation:

Purpose of application (Please use separate paper if needed):

Supplier of goods or services:

Total cost: £_____

Requested from VIB: £_____

Signature*: _____ Date:_____

*If not signed by applicant what is the relationship?

Return to:
Secretary Rebecca Phillips, C/o Wales Council of the Blind, 2nd Floor, Hallinans
House, 22 Newport Road, Cardiff CF24 0DB.
Email: bec@wcb-ccd.org.uk Tel: 029 2047 3954