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?