

# Chiltern & Thames BAPCA

## BURSARY APPLICATION FORM

Name:	BAPCA Membership No: Full membership? Yes/No Student membership? Yes/No
Address:	
Telephone:	
Email address:	
Workshop(s)/Certificate course(s) applied for:	
1.	Date:
2.	Date:
3.	Date:
4.	Date:
5.	Date:
Reason for application:	
Please supply details of any benefits you are receiving at the moment and provide copies of at least one piece of evidence in support of your application.	
How much would you contribute to the above training event/s?	
Have you received a bursary before? Yes/No	
If yes, how many have you received and when?	
Please complete and send to: Karen Young, 7 Oldbury Grove, Beaconsfield, Bucks, HP9 2AJ	
Your application will be treated respectfully and in strictest confidence. After consideration by the CTBAPCA Co-ordinating Group, we will notify you.	
Bursary approved: Yes/No	Date:
Signed on behalf of CTBAPCA Co-ordinating Group: Date:	