

## Young Persons Education Grant Application

Name:	DOB:	Age at the start of your course:
Address:		
Length of time at this address:		
Phone:	Mobile:	E-mail:
College/ University you are or will be attending:		
Please give a brief description of the course you will be undertaking and the qualification you hope to achieve:		
Course length:		
Please provide information about the other organisations that you have approached for assistance:		
<b>Other relevant information (please continue on a separate sheet if necessary):</b>		
<b>DECLARATION</b>		
Signature of applicant:		
Date:		
Please return this form to the Clerk of Linton Parish Council: Louise Coverdale 21 Raines Meadows Grassington, Skipton, BD23 5NB or by email to <a href="mailto:lintonparishcouncil@yahoo.co.uk">lintonparishcouncil@yahoo.co.uk</a>		