

# APPLICATION FORM FOR INDIVIDUAL EDUCATIONAL SUPPORT/BURSARY

Lower Hope  
Ullingswick  
Hereford  
Herefordshire HR1 3JF  
01432 820557  
[admin@csrcharity.com](mailto:admin@csrcharity.com)



Registered Charity. No. 327155

<i>Official use only</i>
<b>CSRC</b>
Date rec'd
Acknowledged
Result
Notified on

In the first instance, please complete this form **after reading the Guidelines** shown on our website [www.csrcharity.com](http://www.csrcharity.com) and return by email [admin@csrcharity.com](mailto:admin@csrcharity.com) or post to:-  
**The Clive and Sylvia Richards Charity, Lower Hope, Ullingswick, Hereford, Herefordshire HR1 3JF**  
We will acknowledge receipt. Please **do not** enclose/attach any further documentation or brochures.

Name of Applicant	_____	Office Use:	_____
Address	_____	Geographic miles	_____
Email address	_____	Telephone No	_____
Name of College, University, Educational Establishment	<div></div>		
Brief Details of Course	<div></div>		
<b>Educational Funding for 1 Year only</b> Reason for funding request: Please include brief breakdown of costs e.g. tuition, transport, course fees etc where known	<div></div>		
Total funding required for 1 year:	Currency: _____	Amount	_____
Funds already received/committed <b>to date</b> :		Amount	_____
Details of where funds already raised are from: e.g. own fundraising, donations from relatives, Student Loan, other charities (include the individual amounts)	<div></div>		
Amount now requested:	Currency: _____	Amount	_____

## APPLICATION FORM FOR INDIVIDUAL EDUCATIONAL SUPPORT/BURSARY

Application to CSRC [continued](#) - Name \_\_\_\_\_

Page 2

Have you received any funding (in full or part) from any Local Authority or Government including previous student loans in the last 5 years?

YES/NO

If yes, give details:

--

Do you have any outstanding loans or debts (exc mortgage)? Please give amount: \_\_\_\_\_

### Referees:

Please give contact details of 2 referees at least one of whom should have knowledge of you in your chosen career path e.g. former tutor or teacher (list as 1st referee)


Give details any other information which you think would be helpful to the Trustees e.g. your education, background, age, experience, ambition, career plans, etc

--

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

This application will initially be considered within a month of the closing date. If the Trustees wish to see additional information and documentation to further your request for funding, you will be contacted by email or post requesting details. Please do not contact the charity for updates after submitting this form.