



## Kirkcowan Community Development Trust Educational Grant Scheme Application Form and Declaration

**Important -Please read the Educational Grant Scheme Conditions and Guidance Notes prior to completing this form**

Full name	
Address (including postcode)	
Telephone number	
Email address	
Detail of training/course applied for including costs of course	
Qualification being worked for	
How will the course or training take place, i.e. online, in person, etc.	
Course duration	
Expected start date of course/training	
Expected finish date of course/training	
Details of previous Educational Grant Scheme applications	

With this application, please provide evidence that you have been accepted on the course or for training and evidence of residency within the Kirkcowan Community Council area.

- Photocopy/scan of letter of acceptance from course provider
- Documentation showing current address

Educational Grant Scheme funded by Scottish Power Renewables - Kilgallioch Windfarm Community Benefit Fund

Kirkcowan Community Development Trust is a Company Limited by Guarantee - Registered in Scotland – SC510266  
Registered Office: Machars Initiative Centre, 26 South Main Street, Wigtown DG8 9EH

**Declaration**

*I declare that the information I have given is correct. I have read and understood the Educational Grant Scheme Conditions and Guidance Notes and accept these conditions. I understand that I have a responsibility to inform KCDT of any changes to my circumstances which will prevent me from completing the course and that I undertake to repay the grant in full if I do not complete the course. I give KCDT permission to contact my Course Provider to verify information regarding my course.*

**Signed:** ..... **Date:** .....

**Full name (printed)** .....

**Data Protection** This form and any other information you have provided will only be used in relation to this application and at the completion of the course will be destroyed except for a record of any grant awarded. Should a grant not be offered you will be informed in writing of the decision and the reason for rejecting your request.

**Office use only**

Date application received:

Date application checked as eligible:

Grant offered (amount): £

Grant paid by:                      Cheque                       BACS

Reason grant not offered:

Date applicant informed in writing:

KCDT authorising signature:

Grants previously paid to applicant:

Date:
£:

Date:
£:

Date:
£:

Date:
£:

Date:
£:

Balance of £2000 remaining:
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