



APPLICATION FOR AN EDUCATIONAL BURSARY

Name: _____

Normal Residential Address: _____

_____ Post Code: _____

Temporary Address for communication: _____

Telephone Number(s): _____ Mobile: _____

E-mail Address: _____

Educational Establishment offering the course: _____

Course(s) for which bursary is requested: _____

Accreditation body: _____

Course start date: _____ Have you received funds from the DGT before? YES / NO

Course fee: £ _____ Amount Requested: £ _____

Please attach with your application:

- 1. a summary of reasons for application, including future prospects.
- 2. a current *curriculum vitae*
- 3. a Personal Statement.

Return application to:

Devon Gardens Trust, Exeter Community Center, 17 St David's Hill, Exeter, Devon, EX4 3RG

TO BE COMPLETED BY EDUCATIONAL ESTABLISHMENT

I support this application and confirm that the course(s) involves studies connected with parks, gardens or designed landscapes, or other content compatible with the Aims and Objectives of Devon Gardens Trust.

Name of Establishment: _____

Establishment Stamp if available

Name of Authorised Person: _____

Position of Authorised Person: _____

Contact Telephone Number: _____

Email: _____

Signature: _____ Date: _____