**Application for Book Grant**

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| Name: | | Date of Birth | |
| Address: | | Telephone: | |
| Email: | |
| Name of College / University and details of course | | Year of Course  1st Year  2nd Year  3rd Year | |
| Address during term time: | | | |
| First Year Students only  Has your place at College /University been confirmed Yes / No  Is this your first Higher Education Course Yes / No  Please supply a copy of your UCAS Confirmation | | | |
| Second and third year students Please supply the previous year's receipts for purchases of books and materials when applying for the next year's grant | | | |
| **We will pay the Grant by Bank Transfer so we need the following details**: | | | |
| Name on Account: | | | |
| Sort Code: | Account Number: | | |
| All applicants should sign and date this form.  Please return it to DSJUC Book Grants,38, Church Street, Deeping St James, PE6 8HD | | | |
| *Deeping St James United Charities must ask for your consent to record, use, or share personal information. This form is used to do that. Please ask if you want more information.*  *We ask for your permission to record and use your personal information for the purpose of processing your book grant. I agree to Deeping St James United Charities recording information about me for this purpose.* | | | |
| Signature | | | Date |