

**Hall's Exhibition Foundation  
Snettisham**

**www.hallsfoundation.co.uk**  
*Registered Charity No. 325128*

Administrator  
Mr C. J. Holt

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4 Bewick Close  
Snettisham  
Kings Lynn  
Norfolk  
PE31 7PJ

**Educational Course / Visit Grant Application**

**ABOUT YOU**

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Name of Educational Establishment You Attend \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School Year \_\_\_\_\_

Course/Training being followed \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: No. \_\_\_\_\_

Post Code \_\_\_\_\_

Mobile: \_\_\_\_\_

Years resident in Snettisham \_\_\_\_\_

**Email address for communication** \_\_\_\_\_

**ABOUT YOUR APPLICATION**

Name of Course/Visit \_\_\_\_\_

Purpose of Course Visit \_\_\_\_\_

Full Cost of Course \_\_\_\_\_ Cost of Travel Component of Course \_\_\_\_\_

Date of Course \_\_\_\_\_

Have you applied for a grant elsewhere? \_\_\_\_\_

Please give any further information you may think of value \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you hope to benefit from the course/visit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION FORM**

This application form can only be accepted when submitted with a copy of the official letter regarding the Course/Visit you are applying for help with. Where such a letter does not exist, you will need to obtain one.

**Conditions**

- 1. Grants are awarded at the discretion of the Trustees**
- 2. The grant is returnable if the course is not attended or cancelled.**
- 3. All applicants must fully reside in Snettisham and have lived here for at least 1 year.**

Cheque made payable to? \_\_\_\_\_

\_\_\_\_\_

I accept the above conditions

Signed \_\_\_\_\_

Date \_\_\_\_\_