

Self-Referral Bursary Form:

The Garage Classes & Companies

Your Name:	D.O.B & Age:
Telephone Number:	
Your Email:	
Address:	
Emergency Contact Name & Telephone Number:	
Parent/ Guardian's Email (if under 18):	
To filled in by the person applying for a bursary: Can you explain why you require a bursary and how you would benefit from taking part in this class/activity?	

Please complete this form and return to info@thegarage.org.uk
To discuss any details please call 01603 283382

To be filled in by a friend or family member:

Can you explain why your friend/relative would require a bursary and how they would benefit from taking part in this class/activity?

To be filled in by a referee (someone not related e.g: a teacher/support worker, employer, doctor):

Can you explain why the named person would require a bursary and how they would benefit from taking part in this class/activity?

Which class / holiday activity are you interested in attending?**Option 1:**

I can pay 50% of my term fees

Option 2:

I wish to have a meeting with a member of the Garage Team to discuss possible further funding for my term fees

(please tick as appropriate)

Is there any further information you would like to provide to support this application?

Signature:

(If emailing form then enter name)

Date: