

GARDEN CENTRE ASSOCIATION TRUST SCHOLARSHIP

APPLICATION FORM

Name _____

Address _____

_____ postcode _____

Email _____ tel _____

Current employers name and address (*if applicable*)

Which diploma / degree course are you intending to take: *Please tick where applicable*

Level 3 National Diploma Level 4 Higher National Diploma

Foundation Degree Honours Degree

Other (*please state*) _____

Name of College _____

Full or part time study _____

Year of entry into course _____

Qualifications _____

Do you have any work experience? _____

Has an application for financial assistance been made for this course, either to a County Council or any other body?

Yes No

If yes please give details of award made (*if known*)

Amount of award _____

Name of awarding body _____

Please return this form, along with an **accompanying letter** to:

Gillie Westwood
The Garden Centre Association Trust
Leafield Technical Centre
Leafield, Witney
Oxfordshire OX29 9EF
Registered Charity No. 296481