

THE SOCIETY FOR THE EDUCATION OF THE DEAF

GRANT APPLICATION FORM

NAME OF PERSON MAKING APPLICATION:

ADDRESS:

PHONE NO:

E-MAIL ADDRESS:

NAME OF BENEFICIARY AND RELATIONSHIP WITH APPLICANT (IF NOT THE ABOVE):

Brief Background Details of Grant Requested:

Please explain how the outcome from the course, that you are planning to do, will allow you to benefit deaf people:

Please explain what your future commitment to the deaf community will be:

Course, course provider and costs to be incurred – please ensure you provide details of the name and level of course.

Grant(s) receivable/applied for from other Organisations:
(Name of Organisation and amount):

Amount you will contribute yourself:

Amount of Grant sought from the Society:

Have you received support from the Society at any time over the past two years? If so provide the date(s) and amounts received.

Signature Date

PLEASE FILL IN ALL PARTS OF THIS FORM

**TSED
GUIDELINES FOR APPLICATIONS**

1. Applications will only be considered from individuals not course organisers or businesses.
2. Grants will not be given for taster or introductory courses.
3. Grants are only available for BSL courses or similar educational courses for the deaf.