CHARITY OF PETER NEVILL

(Charity Number 506325)

APPLICATION FOR A YOUNG PERSON'S GRANT 2025

Name _____ Tel. No. _____

Address _____ Date of Birth _____

_____

1. This is my [First] [Second] [Third] application for a grant

2. If you are continuing full or part-time education beyond sixth form, please complete the following;

   Name of educational institution _____

   Course title _____

   Qualification to be achieved _____

   Course duration _____

   Study commitment (full-time or no. days per week) _____

3. If you are studying within employment, please complete the following;

   Name of employer _____

   Job title _____

   Qualification to be achieved _____

   Course duration _____

   Study commitment (no. of hours/days per week) _____

4. Please give a brief description of how a grant would be spent _____

   _____

   _____

APPLICANT'S DECLARATION I have lived in the Parish of Long Riston since _____ (year)

The information I have provided is accurate and I wish to be considered for a grant from the Peter Nevill Charity.

Signed .....…… Date .....…….....

NOTES

1. The Charity Commission's definition of "Young Person" is anyone under the age of 25.

2. To qualify for a grant, applicants must live in Riston Parish and have done so for the last two years

Please submit applications **no later than 13th October** to:

Mrs Tina Hammond, 3 Holderness Cottages, Arnold Lane West, Arnold HU11 5HS
or e-mail your application to peternevilltrust@gmail.com

If you have any questions regarding your application, please contact Tina on 01964 563204 or e-mail peternevilltrust@gmail.com