**Learning and Development Grant Application Form**

Please read the guidance before completing this application.

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| **Name** |  |
| **Date of Birth** |  |
| **Home address in Laggan** |  |
| **Email address** |  |

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| **Name of Course** |  |
| **Current academic year** |  |
| **Year of study you are applying for** |  |
| **Name and Address of Educational Establishment** |  |
| **Mode of study (please highlight)** | Choose an item. |
| **If you answered Online or Distance Learning, what is the duration of your course in hours, weeks, months, etc?** |  |

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| **Tell us about your career aspirations once you have finished your course** |
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| **Have you received a student loan?** | Choose an item. |
| **Have you received funding from Laggan Community Council (LCC) for previous study?** | Choose an item. |
| **If you answered yes, how did you get on? E.g., did you achieve a qualification; pass your exams; or finish an access course?** |  |
| **Is your course eligible for an Individual Learning Account (ILA)? or other grant?** | Choose an item. |
| **If you have received funding previously, have you returned a Grant Completion Report form?** | Choose an item. |

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| **Declaration – By signing this form below:** |
| * **I certify the information provided in this form is correct**
* **I confirm that if I receive a Student Grant from LCC, I will only use the funds to pay for expenses associated with my further/higher education or training**
* **I understand that decisions made by LCC are final**
* **I agree to my personal details being used by LCC in accordance with their published Privacy Statement.**
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| **Checklist (please ensure you provide the following along with this application form)** |
| Proof of residential status in the Laggan area (a driving license or bank statement for example) | Choose an item. |
| Letter from educational establishment confirming your place on the course or evidence of enrolment if you are progressing to the next year of your studies. | Choose an item. |
| Completion Report from previous grant | Choose an item. |

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| **Name** |  |
| **Signature** |  |
| **If you are under 18, please ask a parent or guardian to sign here too** |  |
| **Name** |  |
| **Signature** |  |
| **Date of Signing** |  |

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| **Please return the completed form via email to: chairlcc@laggan.com** |