**WBK Bursary Fund Beginners Course  
Application Form**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  | First name | Last Name |
| Address |  |  |
|  | Number/name/road |  |
|  |  |  |
|  | Area | Postcode |
| Telephone Number |  |  |
| Are you in receipt of Income or other state benefits, if so please state which: |  |  |
|  |  |  |
| Other reason you are experiencing Financial Hardship: |  | |
| Why would you like to attend the WBK beginners course. |  |  |
| **WBK Use:** |  |  |
|  | Date Received | Submission Board Date |
|  |  |  |
|  | Decision | Date Communicated to applicant |
| Accepted | Yes/No |  |

**Please return this form to:** [**weybridgebees.sec@gmail.com**](mailto:weybridgebees.sec@gmail.com) **or post to:** Sue Lawes, 29 Sayes Court, Addlestone, Surrey KT15 1NA