

APPLICATION FORM FOR A MACPHERSON SCHOLARSHIP

Full name of Applicant:	
Date of Birth:	
Home Address:	
Telephone Number:	
Name and Address of Employer:	
Telephone Number:	
Nature of Business:	
<u>Name of Course/Project:</u> Please give details, name of organising body (if applicable) and brief description. State why you wish to undertake this course/project and the benefits you hope will be achieved.	
Commencing:	Completion:
Cost of Course/Project:	
Amount for which you are applying:	
DECLARATION: I declare that I have read, and will adhere to, the Conditions of the Macpherson Memorial Trust	
Signed:	Date:
Company Sponsor: I declare my support for the applicant	
Name:	Position:
Signed:	Date: