



NOTTSSQUARE CLINIC

17 BRIDGE STREET CARMARTHEN SA31 3JS WALES

Administration Address:
1 Springfield Cottage
Springfield Road
Carmarthen
SA31 1EA
01267 237520

Bursary Application

confidential

Please complete using BLOCK LETTERS

Name

Address

.....

Telephone No..... Email.....

Amount of Bursary applied for (*maximum of £750*): £.....

Have you applied for financial assistance from any other source?.....No/Yes.

If Yes please give details on a separate sheet including any correspondence sent or received.

Total weekly income from all sources (*provide details on a separate sheet*): £.....

- *I wish to apply for a Bursary from Notts Square Clinic Limited and confirm that all the above information is true to the best of my knowledge and I enclose the following:*
 - *documentary evidence of applications for financial assistance to and from other sources*
 - *documentary evidence IF currently in receipt of means tested benefit or similar*
 - *my personal letter which includes reasons in support of this application.*

Signed:

Date:

Please ensure that your application and all correspondence are sent to the administration address above.