



Application for Grant Aid

Name	
Address	
Date of Birth	
Sight Condition (state whether registered blind or partially sighted)	
Employment or Study details	
Purpose of Application	

Total cost	
Amount applied for.	
Contributions from self, family or other sources	
Application supported by (Name and details)	
Supporting Comments	

Signed: (Applicant)

Date:.....

The completed form should be returned by post to:

**The Cambrian Educational Trust,
c/o Wales Council for the Blind,
Shand House,
20, Newport Road,
Cardiff CF24 0DB.**