

Parent/Guardian Consent Form (If applicant is under 18 years of age)

Applicant Name:

I give permission for the above named applicant to apply for the following scholarship:

Name of CTS Scholarship:

I confirm that I have read and understand the following as set out in the Application Form:

- the terms of the scholarship
- the privacy statement
- the declaration

I confirm I have explained the terms, privacy statement and declaration to the applicant.

I hereby guarantee to Community Trust South the immediate repayment on demand of any Scholarship funds advanced to the applicant in the event Community Trust South cancels or revokes the Scholarship in accordance with the terms set out in the Application Form.

Full name of parent/guardian:

Relationship to applicant:

Parent/guardian email address:

Signature:

Consent date: