

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

Applicant name:

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

Name of scholarship:

I confirm that I have had the opportunity to read and understand the terms of the Application Form and 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: