

## **The Lowther Access Bursary Application**

The Lowther Access Bursary enables young people from all backgrounds to benefit from our programme of workshops and development classes. Selected young people are offered free places here at the Lowther Pavilion Theatre & Gardens to develop their creative, practical and social skills.

Parent/Guardian/Carer: please fill in **SECTION 1** and ask a referee to fill in **SECTION 2**. Then pass it to your referee for them to complete and return.

## SECTION 1 THE YOUNG PERSON

First Name	Surname	
DOB Age	Pronouns	
Education/training:		
Which group or project will the bursary fund? (ie Junior Youth Theatre – Saturdays, etc)		
PARENT/GUARDIAN/CARER The adult completing this section will be the primary contact with the Lowther Pavilion Theatre & Gardens.		
Name	Postcode	
Relationship	Occupation	
Address	Phone	
Town	Email	
INCOME  Please place an <b>X</b> in the box that repres £0 - £20k  £21k - £26k  £27k -	ents your annual household income £40k	



	r / has additional learning / physical needs)
Please detail any child maintenance payments or oth	ner financial support being received
How do you feel this young person would be	enefit from a bursary?
I understand the questions on this form and have given full of bursary awarded as the result of this application will continue (at least 80% per term), and good conduct when using our versions.	ue for one year subject to good attendance rates
Signed Do	
you can ask your referee to return the completed form	
ou can ask your referee to return the completed form	via email to bursary@lowtherpavilion.co.uk someone external such as the young
SECTION 2 REFERENCE This section is to be completed by a referee. This is sperson's teacher/ social worker / medical profession	via email to bursary@lowtherpavilion.co.uk someone external such as the young
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SECTION 2 REFERENCE This section is to be completed by a referee. This is so person's teacher/ social worker / medical profession standing in the community.  REFEREE DETAILS  Name	someone external such as the young nal / youth worker or other person of good  Can we contact you about this application? Yes   / No



How do you know the young person & fo	ŭ
Why do you feel this young person will b	enefit from a bursary?
Signed	Date

Please do NOT hand this back to the parent/guardian. Once complete, please return directly to us at The Lowther Pavilion either via email at <a href="mailto:bursary@lowtherpavilion.co.uk">bursary@lowtherpavilion.co.uk</a> or via post to Bursary at The Lowther Pavilion, West Beach, Lytham St Annes, FY8 5QQ.