THE NORMAN BARNETT LANGUAGES TRUST

APPLICATION FORM FOR AWARDS 2027

FOR COMPLETION BY STUDENTS OR SCHOOLS

Registered Charity No: 1084591

Please complete this application form and return it to the Norman Barnett Languages Trust **by Friday 8 January 2027**

Applicants must:

(a) be resident within a 5 mile radius of Dewsbury Town Hall; and

(b) be 24 years or under on 31 December 2027; and

(c) have demonstrated some ability in the study of foreign languages

1. PERSONAL DETAILS

Title Forename(s)
Surname
Address   Postcode
Telephone Nos: (Home) (Mobile)
E-mail Address
Date of Birth of Student
Name of Educational Establishment you attend *(if any)*

If you are a student in further or higher education or at sixth form college, please provide details of the high school you attended

Name of High School

2. YOUR PROPOSED PROJECT

Please outline your proposed project and tell us how your study of foreign languages will benefit from the project. Your project could be an educational visit, a course or something else which promotes the studying of foreign languages. We would expect you to write about 200 words to describe your project.

If you are applying for a grant to travel abroad, please provide the following details:

1. Where you want to go
2. When you want to go
3. The purpose of your visit
4. A breakdown of the costs of the proposed trip

For example:

Travel	£
Course fees	£
Accommodation	£
TOTAL	£

Details of Proposed Project

3. YOUR INTEREST IN FOREIGN LANGUAGES

Please tell us why you are interested in studying foreign languages and what progress you have made in your studies so far.

My interest in foreign languages

4. OTHER FUNDING

Have you applied for or received a grant from any other organisation in relation to your project?
YES/NO* *delete as appropriate
If yes, please give details of the organisation(s) you have applied to and the amount of any grant received.

5. WHERE DID YOU HEAR ABOUT THE TRUST?

How did you find out about the Norman Barnett Languages Trust?

6. REFEREE

If you are a student please provide us with the name, address and telephone number of a referee whom we can contact about your application. This could be someone who teaches you, or someone in a position of responsibility who knows you well.

Title	Forename(s)	Surname
Address		
Telephone No		
Position		
Relationship to Applicant		

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7. DECLARATION BY THE APPLICANT

I declare that the above information is true.

Signed .....Date .....

Please return your completed application form by Friday 8 January 2027 to:
The Norman Barnett Languages Trust, c/o Disken & Co., Solicitors, 20 Bond Street, Dewsbury, WF13 1AT.
Email: smc@diskenandco.co.uk
Tel: 01924 464101, Fax: 01924 452880