

**COOKHAM WELFARE TRUST**

**Student Application Form**

Full Name: .....

Date of Birth: .....

Address: .....

.....

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Telephone: .....

Cookham Resident: ..... Years

Course of Study: .....

Period of Training ..... Years

Start Date: .....

Name of College .....

Address: .....

.....

Weekly Wage: .....

(if any)

Government Grant .....

(if any)

Assistance Needed .....

(ie Books, Tools)

.....

.....

Signature & Date: .....

When completed, please return this form to:  
Mrs Janet Cooper, 34, Hungerford Drive,  
Maidenhead, Berks, SL6 7UT