



NEW WAVE
ADVENTURE THERAPY

Bursary Fund – Application for Support

Client's Full Name		Phone number	
Address		Email	
		Date of birth	

Are you? (Please tick one)

Applying on your own behalf	<input type="checkbox"/>	
Applying on your child's behalf	<input type="checkbox"/>	<i>Name and relationship to above</i>
Applying on a client's behalf	<input type="checkbox"/>	<i>Name, title, organisation</i>

Parents/ organisations, please supply a contact phone number and email.

<i>Ph:</i>	<i>Email:</i>
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Why are you applying for support? Please give as much detail as possible.

If necessary, are you (the client, family, or organisation) prepared to contribute towards the cost of the adventure therapy programme?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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