Walberswick Common Lands Charity

Registered Charity No. 206095

High School Grant Claims Form

Name of applicant:.....

Address:.....

.....

Date of birth:.....

TICK BOX

Please confirm you are a permanent resident of Walberswick ☐

Name of parent / guardian: .....

Email address:.....

School attended:.....

Address of school:.....

.....

.....

Expenses being claimed for:.....

.....

.....

TICK BOX

Receipt/s included: ☐

TOTAL:.....

Please post to the Clerk:
Miss M Webb
Clerk to the Trustees
7 Adams Lane
Walberswick
Suffolk IP18 6UR

Enquires:
Email: clerkwclc@gmail.com
Phone No: 01502 349070