

**THE NORMAN BARNETT LANGUAGES TRUST**  
**APPLICATION FORM FOR AWARDS 2025**  
**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 10 January 2025**

**Applicants must:**

- (a) be resident within a 5 mile radius of Dewsbury Town Hall; and
- (b) be 24 years or under on 31 December 2025; 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 ( <i>if any</i> )	

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
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## **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* <span style="float: right;">*delete as appropriate</span>
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?
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**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 to: The Norman Barnett Languages Trust, c/o Disken & Co., Solicitors, 20 Bond Street, Dewsbury, WF13 1AT. Tel: 01924 464101, Fax: 01924 452880 by Friday 10 January 2025**