**Aaron Lewis Award – Application Form**

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| **Name:**  |  |
| **Date of Birth:**  |  |
| **Contact Telephone Number:**  |  |
| **Contact Email Address:**  |  |
| **Name of current education provider:** |  |

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| **Details of character reference (please ask for their permission before you give this)** |
| **Name of Referee:**  |  |
| **Phone:** |  |
| **Email:** |  |

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| **Details of Proposed Trip – no more than 800 words** |
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| **Plans of how you will fundraise for your trip – no more than 300 words** |
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