

# Ocean Youth Trust Scotland

Return completed form to OYT Scotland, Victoria House, Room 20, 5 East Blackhall Street, Greenock, PA15 1HD.  
We will endeavour to let you know the outcome of your application within 2 weeks.

## Assisted Berth Scheme **Group Application** Form

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| <b>Contact name:</b> |
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| <b>Address</b> |
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| <b>Telephone:</b> |
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| <b>Email:</b> |
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| <b>Website:</b> |
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|--------------------------------------------|
| <b>1<sup>st</sup> Choice Voyage Dates:</b> |
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|                              |
|------------------------------|
| <b>Total Cost of Voyage:</b> |
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|                                            |
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| <b>2<sup>nd</sup> Choice Voyage Dates:</b> |
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|-----------------------------------------------------------------------------------------------------------------|
| <b>How much financial assistance would your group hope to receive from the ABS Scheme? (see guidance notes)</b> |
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| <b>Please tell us about your group (age range, background, additional support needs etc?)</b> |
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**OYT Scotland's voyages present many opportunities for personal development. What do you hope will be the key outcomes for your group?**

**Please tell us about the circumstances of your group and why they qualify for a grant?**

**OYTS will only fund part of the voyage cost. Please tell us how you intend to raise the rest of the cost:**

**What amount will the young people contribute personally to the overall cost of the voyage? If nothing please detail reasons why.**

**How many young people will the ABS grant help?**

I declare that the information furnished on this form is true and complete to the best of my Knowledge and belief. I agree to provide a short report within 2 weeks of my voyage ending.

**Signed:**

**Print Name:**

**Date:**

For Office use only

**Approved:**

**Amount:**