

# 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 **Individual** Application Form

<b>Contact name:</b>	
<b>Address</b>	<b>Telephone:</b>
	<b>Email:</b>
<b>1<sup>st</sup> Choice Voyage Dates:</b>	<b>Date of Birth:</b>
<b>2<sup>nd</sup> Choice Voyage Dates:</b>	<b>Total Cost of Voyage:</b>
	<b>How much financial assistance do you hope to receive from the ABS Scheme? (see guidance notes)</b>

**Please tell us about yourself and why you want to sail with Ocean Youth Trust Scotland?**

**OYT Scotland's voyages present many opportunities for personal development. What do you hope will be the key outcomes for you?**

**Please tell us about your circumstances and why you should qualify for a grant?**

**Please tick the boxes below that apply to you.**

- You or your Parent(s)/guardian receive low income benefits.
- You or your parent(s)/guardian are not in full time employment.
- You receive free School meals.
- You are in care or are looked after by a single parent or guardian.
- You are a student in receipt of financial support.
- You are a young carer looking after siblings or parents/guardians.
- You have additional support needs.

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

**What skills do you hope to gain from the voyage?**

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

**Your Signature:**

**Name of Parent or Guardian (if you are under 16):**

**Signature of Parent or Guardian:**

**Date:**

**For Office use only**

**Approved:**

**Amount:**