



# Co. Laois VEC - Community Education Service



## APPLICATION FOR FUNDING

### Section One

**Name of organisation  
Seeking funding:**

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**Contact Person:**

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**Address:**

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**Tel. No.**

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**Email:**

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### Section Two

**Details of Proposed  
Course:**

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**Duration of Course:**

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**Venue of Course:**

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**Total Hours Sought:**

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**Estimated Number  
Of Participants:**

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**Aims and Objectives  
of course:**

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**Target Group:**

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**Age Profile of Group:**

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**Tutor's Name:**

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**Qualification:**

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**Address:**

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**For Office Use Only**

**Date of Adult Education Board Meeting** \_\_\_\_\_

**Approved**                      Yes                       No

**Amount Approved** \_\_\_\_\_

**Signed**

\_\_\_\_\_ *Community Education Facilitator*                      *Date*

**COMPLETED FORMS TO BE RETURNED TO: Ms. Teresa McEvoy, Community Education  
Facilitator, Co. Laois V.E.C., Ridge Road, Portlaoise, Co. Laois.    Tel: 057/8661890**