



COMMUNITY EDUCATION

FUNDING APPLICATION

**Name of organisation/group
seeking funding:** _____

Contact Person: _____ **Tel. No.** _____

Address: _____

Name of Course: _____

Duration of Course: _____
(Tutor Hours required)

Venue of Course: _____

**Aims and Objectives
of course:** _____

Target group: _____

Tutor's Name: _____
(If available)

Qualification: _____
(If Appropriate)
Address: _____

**COMPLETED FORMS TO BE RETURNED TO: Áine Whelan CEF, Unit F13, Dungarvan
Shopping Centre, Dungarvan, Co. Waterford. Tel: 058 51405. Email: whelana@wd-vec.ie**