



The Fell Pony Society Training Bursary Application Form

Name: _____ D.O.B. ____/____/____

Address: _____

Post Code _____ Telephone: _____

Email: _____

Name of the Registered Fell Pony: _____

Please provide details of how you would benefit from training paid for by the FPS bursary (max 250 words), plus up to 3 photographs to support your application.

I am a current FPS Member / My parent or guardian is a current FPS Member (if under 18 1 January 2025 (delete as applicable)

I declare that the information given is accurate to the best of my knowledge and agree to the society's terms and conditions.

Print Name (applicant): _____

Signed: _____ Date: _____

Print Name (parent/guardian): _____

Signed: _____ Date: _____