



The ileostomy & internal pouch

Support Group

Registered Charity

**APPLICATION FOR AWARD OF GRANT FROM THE YOUNG IA BURSARY FUND
TOWARDS THE COST OF ATTENDING _____**

Please complete in BLOCK CAPITALS

The Young IA bursary exists to help people attend Young IA events who may otherwise be unable to because of financial hardship. To help us assess applications to the bursary, please fill in this form and return, with supporting details from your local IA member organisation, to:

IA National Office, Peverill House, 1-5 Mill Road, Ballyclare BT39 9DR.

Name:		Telephone No:	
Address:		Mobile No:	
		Email Address:	
		Local IA member organisation	
		How long have you been a member of IA?	
		Have you attended a similar event before (Y/N)	
Post Code:		Where did you hear about the bursary?	

Please tell us what attending _____ will mean for you.
(please continue on a different sheet if necessary)

Please tell us what involvement you have had with IA at a local or a national level.
(please continue on a different sheet if necessary)

www.iasupport.org

IA National Office ■ Peverill House ■ 1-5 Mill Road ■ Ballyclare ■ Co Antrim ■ BT39 9DR
Freephone: 0800 0184 724 ■ Fax: 028 9332 4606 ■ Email: info@iasupport.org

President: Professor Neil Mortensen MBChB MD MA FRCS Eng FRCS Glas



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Please give us more information about why you are applying to the bursary fund and any other information you would like to give in support of this application.

(please continue on a different sheet if necessary)

I confirm that I have an ileostomy/internal pouch and am a member of IA. I understand that the bursary will pay for the full advertised costs of attending the event. Contribution towards travel costs (up to the costs of standard rail travel) is at the discretion of the Young IA sub-committee. By signing this form I confirm that should I not attend the event that the Bursary has been granted for I will be required to repay to IA the sum granted by the YIA Bursary (This requirement will be waived in the case of illness on submission of a letter from the Hospital or GP).

Signed:

Date:

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An active member of your local IA member organisation should support your application. This could be, for example, the Chairperson, Secretary or Treasurer.

Application Supported by	
Position held in Local member organisation	
Date	