FSBI Training Grant Confidential Letter of Support

Applicant’s First Name(s) Applicant’s Last Name(s)

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Purpose for the Training Grant



Supporting Statement (Maximum 2500 characters)



Your First Name(s) Your Last Name(s)

|  |  |
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Your Work Address

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Preferred Contact Email Your Telephone/mobile number

Institution



Position



Relationship to Applicant



## **Declaration**

I hereby declare that the above information is correct and an accurate account.

(Check the box below and apply the current date).

Click or tap to enter a date.