### PRIVATE AND CONFIDENTIAL (Feb16)

**SALISBURY CITY ALMSHOUSE AND WELFARE CHARITIES**

**APPLICATION FOR AN EDUCATIONAL / APPRENTICING GRANT**

## The Guidance Notes must be read prior to completing this form.

Please complete in BLOCK CAPITALS

# For Office Use Only

Received :

Previous Correspondence attached:

Grants Card Attached YES/NO

Grants Committee Recommendation:

Grant Approved

Date Paid:

## PART 1 - APPLICATION

Full name of Applicant ……………………………………… Date of Birth ……………………..

Applicant’s address …………………………………………………………………………………

…………………………………………………………………………………………………………

……………………………………………………………….. Post Code ………………………..

Telephone Number ………………………………………..

Present Educational/Trade Qualifications ……………………………………………………..

…………………………………………………………………………………………………….…………….…………………………

Name and Address of School / College / or Employer ……………..………………………………….……………………………

…………………………………………………………………………………………………….…………….…………………………

Grant is required for ……………………………………………………………………………………………………………………

Applicant’s Signature (if over 16) ………………………………………………………………. Date ………………………….

**PART 2 - REASONS FOR UNDERTAKING THE ACTIVITY / REQUIRING FINANCIAL ASSISTANCE**

Why the Applicant wishes to undertake this activity or requires the items, how they will benefit from the experience and how it will help with future plans. (Please attach any supporting literature concerning the activity / course / expedition / etc)

Total cost £ ..…………………. Grant Requested £….………………... and/or Loan required £……………………...

If a dependant, do your parents/guardians approve of you taking part in this activity? YES NO N/A

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PART 3 - SPONSOR’S SUPPORT AND RECOMMENDATION (Sponsor must not be expedition organiser)

Sponsor’s recommendations for grant : £……………………….…………. and/or loan: £……………..………………………..

Date: ………………. Signature of Sponsor: ….………………..……………… Name: …………….………………………..

Organisation Name & Address: ………………………………………………………... ………………………………………..……

……………………………………………………………………………………. Telephone Number: ………………………………

To whom grant cheque payable: ……………………………………………………………………………………………….………

(This cannot be an individual)

## PART 4 - FUNDING

Please itemise the costs of the Trip / Course / Apprenticeship / Equipment / Tools / Text Books / Expedition / etc.

(Enclose copies of supporting information and documentation where appropriate or continue on Page 4 if necessary)

……………………………………………………………………………………………………… £ .

……………………………………………………………………………………………………… £ .

……………………………………………………………………………………………………… £ .

……………………………………………………………………………………………………… £ .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Total** £ .

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amounts (if any) to be contributed towards the costs by:

Parent(s) / Guardian(s) £ .

Applicant out of income or savings £ .

Applicant from fund-raising activities, eg, part-time work, sponsored events, etc £ .

(Please give details of what you will be doing to raise money)

Details of other grants applied for: Confirmed ?

………………………………………………………………………………..…………… £ . Y / N

……………………………………………………………………………….…………… £ . Y / N

………………………………………………………………………………..……………… £ . Y / N

Details of other sources of funding:

……………………………………………………………………………….………………… £ .

…………………………………………………………………………………….……… £ .

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Total (this should equal the total cost of the course/trip as above)** £ **.**

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## PART 5 - FAMILY DETAILS

Parent 1 Name …………………………………………. Occupation ……………………………….. DoB ………………………

Parent 2 Name ………………………………………….. Occupation ……………………………….. DoB ………………………

Siblings: 1. ……………………………………………………………………. DoB ………………………

(& dependants living at home) 2. ……………………………………………………………………. DoB ………………………

 3. ……………………………………………………………………. DoB ………………………

 4. ……………………………………………………………………. DoB ………………………

## PART 6 - INCOME AND EXPENDITURE, SAVINGS & OUTSTANDING DEBTS/ARREARS/FINES

**HOUSEHOLD INCOME** (per week)

Wages/Salary £ **.** per week

State Retirement Pension £ **.** per week

Pension from previous employment £ **.** per week

Benefits: Universal Credit £ **.** per week

 Job Seekers Allowance (JSA) £ **.** per week

Do You Receive Housing Benefit?

FULL

PART

 NONE

(Please circle which applies)

 Employment Support Allowance (ESA) £ **.** per week

 Income Support £ **.** per week

 Working Tax Credits £ **.** per week

 Child Tax Credits £ **.** per week

 Child Benefit £ **.** per week

 Disability Living Allowance/PIP Payments £ **.** per week

 Attendance Allowance £ **.** per week

 Carer’s Allowance £ **.** per week

 Incapacity Benefit £ **.** per week

Child Maintenance Payments £ **.** per week

Please give details of any other income and/or benefits received:

1. £ **.** per week

2. £ **.** per week

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 **Total Weekly Income:** £ **.** per week

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**-----------------------------------------------------------------------------------------------------------------------------------------------------------------**

Total Amount in Savings (Building Societies, Bank, Post Office etc) £ .

**HOUSEHOLD EXPENDITURE** (per week)

Rent / Mortgage (delete as appropriate) ……………………………………................................ £ **.** per week

Council Tax ……………………………………………………………………................................. £ **.** per week

Water Rates …………………………………………………………….................................……… £ **.** per week

Energy costs (Gas, Electricity, Oil, Coal etc) ……………………….......................................…. £ **.** per week

Food and Household Expenses (incl pet costs) …………………………................................... £ **.** per week

Travel Costs: Car (include insurance, maintenance and fuel) …......................................…… £ **.** per week

 Public Transport: To work/shopping/other ………………................................... £ **.** per week

 To school ……………………….........................................….. £ **.** per week

TV (Does this include Sky or similar? YES/NO) …………………..................................………. £ **.** per week

Mobile Phones …………………………………………………….................................…………….. £ **.** per week

Home Phone (Does this include Broadband? YES/NO) ……................………………………… £ **.** per week

Insurances: {Household ………………………………………………….................................... £ **.** per week

 {Life …………………………………………………………..................................... £ **.** per week

Hire Purchase (give details) ………………………………………………….................................... £ **.** per week

Mail Order/Catalogues/Clubs (give details) ………………………………………………… £ **.** per week

Other Expenditure - give details: …………………………………………………............ £ **.** per week

………………………………………………………………………. **Total Weekly Expenditure** **£ . per week Details of Debts/Arrears/Fines:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Original Debt £ | Owed To | Reason money borrowed | Balance£ | Weekly Payment £ |
|  |  |  |  |  |
|  |  |  |  |  |

Please ensure that all parts have been completed in full, the form is signed and you have provided supporting information as required. Return to: Clerk to the Trustees, Salisbury City Almshouse and Welfare Charities, Trinity Hospital, Trinity Street, Salisbury SP1 2BD.

**ADDITIONAL BACKGROUND / SUPPORTING INFORMATION:**