



CONFIDENTIAL

THE FARRINGTON HOUSE SCHOOL CHARITABLE TRUST

APPLICATION FOR GRANT

- Please Note**
- (a) The **PARENT/GUARDIAN** is the **APPLICANT**. He/she needs to complete this application form.
 - (b) All information will be treated as confidential. It is sought only in order to enable the competing needs of potential beneficiaries to be fairly assessed.
 - (c) Please answer each question fully, particularly the financial details. **Make clear whether the figures are on a weekly or monthly basis.**
 - (d) Applicants or their sponsors **must** check that assistance or benefit is unavailable from the Department for Works and Pensions, or from other public funds.

This form is provided so that you can tell the Trustees about:-

- (i) your family circumstances.
- (ii) who would benefit from a grant.
- (iii) why help is needed.

DETAILS OF BENEFICIARY (whom the grant would benefit)

- 1 Full name _____
(in **CAPITAL LETTERS** please)
- 2 Date of birth _____
- 3 Address _____

_____. Postcode _____
- Email: _____
- 4 Has the beneficiary at any time:
 - (a) been in the care of a local authority within the geographical county of Devon? YES / NO
 - (b) been provided with accommodation by a local authority within the geographical county of Devon, for example as a care leaver? YES / NO
- 5 For how long has the beneficiary been resident in Devon? _____

6 Education Details – Schools/College
(including dates of attendance and details of qualifications, if appropriate)

Schools/College

Dates & Qualifications

7 Give details of any personal income.

8 Amount of grant applied for and for what.

£ p

_____	_____
_____	_____
_____	_____
_____	_____
Total:	_____

DETAILS OF THE APPLICANT (Parent or Guardian)

9 Applicant's full name _____

State relationship to the beneficiary _____

Address _____

_____ Postcode _____

Tel No: _____ Email address: _____

10 Name and address of Spouse or Partner (if applicable)

11 Number and age of any dependent children (if appropriate) _____

12 (a) Give details of any previous application to the Trust.

(b) Give details of dates and amounts granted, if any.

13 Do you or your spouse/partner have any disabilities? If yes, please provide further details.

Self _____

Spouse/Partner _____

14 Employment Record of Applicant and spouse/partner during the last 5 years.

15 Reason for application (please give as many details as possible, if necessary in a supporting letter).

16 **APPLICANT'S INCOME FROM ALL SOURCES (please give NET income)**

(a)	Take home pay from employment or self-employment:		
		Monthly	Weekly
	Applicant	£	£
	Spouse/Partner	£	£
(b)	Social Security benefits	£	£
		£	£
		£	£
		£	£
(c)	Any other regular income, e.g. maintenance, investments (please detail)		
		£	£
		£	£
	Total Income	£	£

17 **EXPENDITURE**

		Monthly	Weekly
(a)	Housing costs (rent or mortgage)	£	£
(b)	Council Tax	£	£
(c)	Loan repayments	£	£
(d)	Personal & household expenses	£	£
(e)	Any other regular payments	£	£
	Total Expenditure	£	£

I confirm that I have checked that assistance or benefit is unavailable from the Department of Social Services or from other public funds.

I further confirm that the details in Nos 1 to 17 of this form are correct. I understand that the Trustees are under a duty to protect the charitable funds they administer and to this end may carry out any checks they feel necessary for the prevention and detection of fraud.

I agree to ongoing reports concerning the Beneficiary being provided to the Trustees in the event that continuing grants are made to him/her for educational or training purposes.

Signature of Applicant _____

Date _____

We need to be able to contact a "Sponsor", someone who knows the beneficiary. This would usually be a **teacher or tutor**. Please ask your chosen sponsor to complete the form below **after** you have completed the rest of the form.

Please write clearly or print

Name _____

Address _____

Tel No _____

Email Address _____

Occupation _____

How long have you known proposed Beneficiary? _____

In what capacity? _____

Please add a few lines to explain why the application should be supported
After you have seen the completed application.

Signature of Sponsor _____

Date _____

When completed please return to:-

**Miss J M R Popert
The Farringdon House School Charitable Trust
C/o Michelmores LLP
Woodwater House
Pynes Hill
EXETER EX2 5WR
Tel: 01392 687547**