



THE FARRINGTON HOUSE SCHOOL
CHARITABLE TRUST

APPLICATION FOR GRANT

CONFIDENTIAL

- 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:
- Date of Birth:
- Address
(including
postcode):
- Email:
2. Has the beneficiary at any time (tick all that apply):
- (a) Been in the care of the local authority within the geographical country of Devon?
 - (b) Been provided with accommodation by a local authority within the geographical county of Devon, for example as a care leaver?
3. For how long has the beneficiary been resident in Devon?



4. Education Details – Schools/College
Please provide **full details**, including any periods of home tuition. Include dates of attendance and details of qualifications, if appropriate.

Schools/Colleges (with addresses)

Dates & Qualifications obtained

5. Give details of any personal income of the beneficiary.

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6. What would the grant be for? Please itemise cost and how much grant you are applying for.

Item

Cost (£)

TOTAL:

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**DETAILS OF APPLICANT
(Parent or Guardian)**

7. Applicant's full name:

Relationship to the beneficiary:

Address (including postcode):

Tel No:

Email:

8. Name and address of Spouse or Partner (if applicable)

9. Number and age of any dependent children (if appropriate)

10. (a) Give details of any previous applications to the Trust made for this family.

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

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

Self:

Spouse/ Partner:

12. Employment record of Applicant and spouse/partner during the last 5 years.

Self:

Spouse/ Partner:



13. Reason for application. Please give as many details as possible, if necessary in a supporting letter.

14. **Applicant's income from all sources** (please give NET income)

(a) **Take home** pay from employment or self-employment. Please complete Monthly or Weekly columns as appropriate

	Monthly	Weekly
Applicant	<input type="text"/>	<input type="text"/>
Spouse/Partner	<input type="text"/>	<input type="text"/>

(b) DWP benefits (please detail)

	Monthly	Weekly
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(c) Any other regular income, e.g. maintenance, investments (please detail)

	Monthly	Weekly
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Income:

15. **Expenditure**

	Monthly	Weekly
(a) Housing costs (rent or mortgage)	<input type="text"/>	<input type="text"/>
(b) Council Tax	<input type="text"/>	<input type="text"/>
(c) Loan repayments	<input type="text"/>	<input type="text"/>
(d) Personal & household expenses	<input type="text"/>	<input type="text"/>
(e) Any other regular payments	<input type="text"/>	<input type="text"/>
Total Expenditure:	<input type="text"/>	<input type="text"/>



Please Tick

I confirm that I have checked that assistance or benefit is unavailable from the Department of Work and Pensions or from any other public funds.

I further confirm that the details in Nos 1 to 15 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.

Failure to complete this form in full will result in either delay or an inability to consider the application.

Applicant's Signature:

Date:

Please now ask the sponsor to complete the form on page 6.



SPONSOR PAGE

We need to be able to contact a "Sponsor", someone who knows the beneficiary. This should 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.

Applicant's full name:

Address (including
postcode):

Tel No:

Email:

Occupation:

How long have you
known the proposed
Beneficiary?

In what capacity?

Would you benefit personally from the award of this grant? Yes No

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 by email to:-

Farringdontrust@michelmores.com