



Application for an educational grant

Please read our grant making Policies and Practices before completion

About you

Name _____ Date of Birth _____
 Address _____ Nat Ins No _____
 Postcode _____ Tel _____ email _____

About your Parent/s (to be completed if you are under 26yrs)

Name/s _____
 Address _____ Postcode _____
 Tel No _____ email address _____

About your Application

The purpose of the Grant

Amount of Grant sought £ _____ Details of the Course for which the Grant is sought, please give:

- Title
- Type
- Duration
- Location
- Starting Date
- Finishing Date

Have you applied to Student Finance and with what result?

Mark with an **X** Yes _____ No _____

• Give amount of **loan** awarded for: Tuition £ _____ Maintenance £ _____

• Please describe any extra help from Student Finance and amount given

 _____ £

To what other organisations have you applied for assistance and with what results?

Date	Name of organisation	Outcome?
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Have you applied to this Charity for help before, and if so, when? _____

Was a Grant made? Mark with an **X** Yes _____ No _____ How much? _____

Declaration by the Applicant

I confirm that the information provided is correct and I consent for the Charity to:

- Hold and use the information I have provided on this form, (including any "Special Category Data"), as explained in the Data Protection Policy on the Charity's website www.wmcharities.org.uk/pdfs/dataprotectionpolicy.pdf
- Make enquiries about this application with any School/College and/or relevant organisations concerned.

Signed/Name (Applicant) _____ Date _____

Before filling in, 'Save as' the blank pdf form with Adobe Reader onto the computer, then fill in the 3 page form and save. Attach the completed form to an email and send it to us.

Handwritten application forms are no longer acceptable

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Weekly Income & Expenditure

Please enter weekly amounts: multiply monthly figures by 12 and divide by 52

Weekly Income

- Total earned wages** of client and/partner/family per week £ _____
- Tax Credits** Child, Working, Families, other per week £ _____
- Housing Benefit** per week £ _____
- Council Tax Benefit** per week £ _____
- Job Seekers Allowance** per week £ _____
- Employment Support Allowance** per week £ _____
- Universal Credit/Income Support** per week £ _____
- DLA/PIP Care** per week £ _____
- DLA/PIP Mobility** per week £ _____
- Attendance Allowance** per week £ _____
- Other** _____ per week £ _____
- State Retirement Pension** per week £ _____
- Pension Credit** per week £ _____
- Occupational/Private Pension** per week £ _____
- Maintenance** per week £ _____

Children enter Child Benefit for each child per week

Name	Age	Amount
1 _____	_____	£ _____
2 _____	_____	£ _____
3 _____	_____	£ _____
4 _____	_____	£ _____
5 _____	_____	£ _____

Total Child Benefit per week £ _____

Total Income per week £ _____

Weekly Expenditure

- Total Rent due** per week £ _____
- Mortgage** per week £ _____
- Total Council Tax due** per week £ _____
- Water rates** per week £ _____
- Gas** per week £ _____
- Electricity** per week £ _____
- Food & Household** expenditure per week £ _____
- Telephone** per week £ _____
- TV, TV licence & Sky** per week £ _____
- Clothes** per week £ _____
- Travel expenses** per week £ _____
- Care Costs** per week £ _____
- Other** _____ per week £ _____
- Other** _____ per week £ _____
- Other** _____ per week £ _____
- Insurance** per week £ _____
- Hire Purchase** per week £ _____
- Clubs** per week £ _____
- Current loans/borrowings**
 _____ per week £ _____
 _____ per week £ _____
 _____ per week £ _____
 _____ per week £ _____
 _____ per week £ _____

Total Expenditure per week £ _____

Other income and assets

Names of other adults living in the applicant's home.
Show total income and contributions below if not included above.

Name/s _____
_____ Total income per week £ _____ Total contributions per week £ _____

Details of any savings

Does the Applicant own his/her own home or any other property? Mark with an **X** Yes _____ No _____

If yes please give details _____

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If you are under 26yrs please tell us your parent/s' joint nett income (after tax, NI etc.) £ _____

Do your parent/s have any other dependent children? (give details)

Is there any reason why your parents will have difficulty helping you financially?

Applicants of all ages

Have you attended school in Worcester City for 2 years or more? Mark with an **X** Yes _____ No _____

Details of Schools, Colleges, Universities attended, including those in Worcester City

Name	Location	Date started	Date finished
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

Qualifications obtained:

Details of career since leaving school:

Any further information you think the Trustees should have when considering your application

Space for 150 words, if you would like to supply more information please use a separate sheet or put it in an email.

When completed this form should be returned to:

**Worcester Municipal Charities (CIO), Kateryn Heywood House
Berkeley Court, The Foregate, Worcester WR1 3QG**

Save and attach to email

admin@wmcharities.org.uk