



# 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](http://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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# Monthly Income & Expenditure

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

## Monthly Income

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

**Children** enter Child Benefit for each child per month

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

Total Child Benefit per month £ \_\_\_\_\_

**Total Income** per month £ \_\_\_\_\_

## Monthly Expenditure

\*Must be completed

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

**Total Expenditure** per month £ \_\_\_\_\_

## 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 month £ \_\_\_\_\_ Total contributions per month £ \_\_\_\_\_

## 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**