



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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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 £ _____ **Difference** £ _____ **Total Expenditure** 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/debt repayments

_____ per month £ _____

_____ per month £ _____

_____ per month £ _____

_____ per month £ _____

_____ per month £ _____

Other income and assets

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

Name _____ DoB _____ Monthly income £ _____ Monthly contribution £ _____

Name _____ DoB _____ Monthly income £ _____ Monthly contribution £ _____

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

If yes please give details _____

Details of savings _____ **Total Savings** £ _____

Details of debts _____ **Total Debts** £ _____

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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**

File Save As

admin@wmcharities.org.uk