

## MINOR GRANT APPLICATION

Please note the following before completion of the form.

- 1) APPLICANT ELIGIBILITY: - All (individual) applicants must be: -
  - a) Under 25 years of age.
  - b) Live within the parishes of Henley (Henley North, Henley South), Bix, Rotherfield Greys or Remenham,
  - c) Or attend Henley College, Gillotts Secondary School, Badgemore Primary, Nettlebed Primary, Valley Road Primary, Trinity Primary and Sacred Heart RC Primary Schools.
  - d) Or have attended an above educational establishment for 2 years.
- 2) SCHOOL EDUCATIONAL RESIDENTIAL COURSES/TRIPS:- Except in exceptional circumstances, applicants are expected to pay the deposit of any trip/course. Grants will be considered for the balance of the costs.
- 3) ORGANISATIONAL GRANTS: - Organisations within the above parishes are welcome to apply for a grant for educational purposes, directed at persons under the age of 25 years of age.
- 3) APPLICATION PROCEDURE AND AUTHORISATION:-
  - a. Applicants must apply at the beginning of each term for funding.
  - b. Successful applicants and the relevant pre-school will receive acknowledgement of the charity's undertaking to pay for the authorised sessions attended over that term.
  - c. Payment will be made to the pre-school against invoice at the end of the term for the sessions attended only.
- 4) BEST FINANCIAL PRACTICE: - **Payment will always be made by cheque direct to the educational establishment or organisation and not to the applicant.**
- 5) SPONSORSHIP: - The application for must be endorsed by an educational or healthcare professional.
- 6) INCOME AND CIRCUMSTANCES: - The amount granted is dependent on income and circumstances. Applicants are expected to produce written proof of their income with this form. If you require help with the completion of this form please contact the Clerk to the Trustees for assistance
- 7) EMAIL APPLICATIONS: - Email applications are not acceptable to the trustees.
- 8) FUNDS OBTAINED BY DECEPTION: - **The trustees may inform the police and seek reparation in any case where grants are obtained by fraudulent means. This act will also bar the person from any future help from the Trust.**

### APPLICANT DETAILS

Full Name of Child - .....

Date of Birth: - ..... Age:- ..... Address:- .....

Parent/Guardians Full name:- .....

Telephone:- ..... Mobile:- ..... Email:- .....

Pre-School/School/College: - ..... Starting Date: - .....

Reason for Grant: - .....

*Please indicate your residential status ✓*

OWNER OCCUPIER

SOHA TENANT

TENANT (Private landlord)

LIVING WITH FAMILY

LIVING WITH FRIENDS

OTHER (Please state)

*Please indicate the below status ✓*

MARRIED

DIVORCED

WIDOWED

SEPARATED

SINGLE PARENT

LIVING WITH PARTNER

OTHER (Please state).....

NAME AND AGES OF CHILDREN LIVING WITH APPLICANT .....

NAME AND AGES OF CHILDREN LIVING ELSEWHERE (with relatives, in care, etc.)

.....

APPLYING TO OTHER CHARITIES?      Yes       No       Please tick box and if yes specify .....

.....

EMPLOYMENT DETAILS OVER LAST TWO YEARS (with whom, how long, etc)

.....

.....

OTHER RELEVANT INFORMATION (e.g. recently lost job, disability, relationship break up, etc.) Please state:-

.....

.....

### PREVIOUS APPLICATIONS FOR THE FAMILY IN LAST 5 YEARS

Recipients Name 1: -.....

Date: - ..... Amount: - ..... Reason: - .....

Recipients Name 2: -.....

Date: - ..... Amount: - ..... Reason: - .....

Recipients Name 3: -.....

Date: - ..... Amount: - ..... Reason: - .....

### GROSS FAMILY INCOME Please tick the relevant boxes

£5,000 to £8,000     £9,000 to £12,000     £13,000-£15,000     £16,000-£18,000     £19,000-£22,000     £23,000-£25,000

If over £25,000 state amount    £

Is the family also in receipt of : - ✓

Allowance/Benefit	Yes	No		Allowance/Benefit	Yes	No
Housing Benefit				Disability Living Allowance		
Council Tax Benefit				Carers Allowance		
Job Seekers Allowance				Attendance Allowance		
Child Allowance				Educational Maintenance Grant		
Income Support				Incapacity Benefit		
Local Housing Allowance				Child Tax Credit		
Working Tax Credit				Free school meals		
Severe Disablement Allowance				Job Grant		
Universal Grant						

**Please detail your monthly income and outgoings: -**

Income	£		Expenditure (outgoings)	£
<b>TOTAL</b>			<b>TOTAL</b>	

**PLEASE PRODUCE WRITTEN PROOF OF YOUR INCOME**

### DETAILS OF GRANT

Details	Amount

### PARENT VERIFICATION

SIGNED : -.....SIGNED PARENT/GUARDIAN: -.....

DATE: -.....

### SPONSOR VERIFICATION

*In signing below, I support the grant application:-*

SIGNED : -.....

(PROFESSIONAL TITLE)

WORK ADDRESS:-.....

*Stamp*

TELEPHONE :-.....DATE: -.....