## APPLICATION FOR ASSISTANCE FOR SCHOOL CHILDREN

(This application form can be used where parents require assistance with such items as school trips, tutoring etc).

#### **CRITERIA FOR APPLICANTS**

- A. The applicant was born in the Parish of Lumphanan or his/her parents were resident within Lumphanan at the date of the applicant's birth.
- B. The applicant has lived within Lumphanan for five years before the application and continues to live there.
- C. The applicant was born in either Torphins or Kincardine O'Neil or the applicant's parents were resident within Torphins or Kincardine O'Neil at the applicant's birth or the applicant has lived within either of the parishes for five years before the application and continues to live there.

## Alexander W Davie Charitable Trust Applicant Details

Details of Child or young person			
Name:	Date of Birth / / (birth certificate requied on		
Home Address:	first application only)		
Number of years at Home address (current year's council tax form required)			
Details of parent or guardian applying on child's behalf			
Name			
Address			
Day time Telephone/Contact No.			
Your address at the time of your child's birth:			
Have you, previously applied to the Trust for any child	yes / no		
If yes, was your application successful?	yes / no		
Date of previous application			
Names and ages of all dependant children			
Are they still in full time education	yes / no		
If yes , at what school and what fees, if any are being paid			

## **Expense Details**

#### Reason for application (complete whichever appropriate)

School Trip
When, and to where
Note – payment for a trip will be paid directly to the school if awarded
School Uniform
What is required
Tutoring
Subject / How long required
Other
Sum requested from Trust £
Date assistance required by

## FINANCIAL POSITIONS OF ANY OTHER RELEVANT PARTIES

#### PARENTS / GUARDIAN

#### **Gross Annual Income** (see notes)

Applicants are required to submit the previous years' p60 form and HMRC letter re any benefits along with the application form.

	Parent 1	Parent 2 / Partner	total
Salary			
Maintenance payments			
Child Benefit			
Working tax credit			
Investment income			
Other			
Total	£	£	£

#### **Allowable Monthly Expenditure**

	Monthly amount
Mortgage / rent	
Pension / Life insurance premiums	
Loans	
Council Tax	
Utilities	
Food	
Other	
Total	£

#### <u>Capital Assets</u> (see notes)

	Value
House	
Investments	
Bank Accounts	
Building Society Accounts	
Other	
Total	£

ı, (pa	arent)	
certif	fy that :-	
a)	that the information	n contained in all pages of this Application is
b)		Trustees of any change in financial circumstances, change of address occurring during the period of
c)	the purposes deta	awarded a grant, the funds will be used solely for illed in the application, and I shall refund the amount ed, in the event of the funds no longer being acellation of trip, or tutoring no longer required)
_	iture of Applicant's nt or Guardian (if appropria	nte)
Posta	l Address _	
Date		

Before submitting the application form to Mazars CYB Services please er	isure tha
you have:-	
Fully completed and signed the form	
Enclosed appropriate proof of household income (P60 or accounts)	
Enclosed applicant birth certificate (only required on first application)	
Enclosed any documentation relative to grants from other sources	
Enclosed the current year's council tax form.	

Should your application be successful the Trustees will in addition require sight of the following before payment can be made:-

- Passport (parent)
- Paperwork from school relating to school trip

The Trustees would be grateful if you could take a minute to answer the following question.

Please confirm where you heard about the Trust

A.	Through the local school	
В.	Through word of mouth	
C.	Through advertising	
D.	Through the posters in each village	
E.	Other	please specify