ALEXANDER W DAVIES CHARITABLE TRUST

 GRANT APPLICATION FORM

APPLICATION FOR SECONDARY SCHOOL PUPILS

Please complete and submit this form to lynne.burke@ledinghamchalmers.com

**CRITERIA FOR APPLICANTS**

To be eligible for consideration of a grant, the Applicant must fall under one or more of the following categories: -

**Category 1:** The applicant was born in the Parish of Lumphanan or his/her parents were resident in Lumphanan at the time of the applicant’s birth.

**Category 2:** The applicant has lived in the Parish of Lumphanan for five years before the application and continues to live there.

**Category 3:** The applicant was born in either the Parish of Torphins or Kincardine O’Neil, or the applicant’s parents were resident within either of these Parishes at the time of the applicant’s birth; or the applicant has lived within either of the Parishes for five years prior to making the application, and continues to live there.

**Details of Pupil**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of years at home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(current years’ council tax form required to be provided alongside application)

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Birth Certificate required to be provided alongside application)

**Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please select which of the following best describes the child’s family circumstances: -**

* Resident with both parents
* Resident with one parent and second parent paying child maintenance
* Resident with one parent and second parent not paying child maintenance
* Resident with one parent and a step parent who provides for the household financially

**Details of Parent/Guardian or Teachers applying on Pupils behalf**

**Relationship with the Pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardians Address at time of Pupils birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation/Former Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever previously applied to the Trust for any child?**

**YES / NO**

**If YES was your application successful?**

**YES / NO**

**Date of previous application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for previous application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Names and ages of all dependent children:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**How many of your dependent children are in full-time education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What school(s) do your children attend and what fees (if any) are being paid?**

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**Expense Details**

Please explain your reason for making this application **ie School trip fees, tutoring expenses, school uniform costs or other.** You should specify the costs involved and should enclose proof of the costs alongside this application. Without such proof the trustees will not be able to assess your application.

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**If request for tutoring – specify the period tutoring is required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sum requested from the Trust: £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date assistance is required by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Financial Information of Parents/Guardians**

Applicants are required to submit the previous years’ p60 form and HMRC letter regarding any benefits for both parents (unless the child is from a single parent household) alongside this application form.

**Gross Annual income of both parents**

|  |  |
| --- | --- |
| Salary  |  |
| Maintenance payments  |  |
| Child benefits  |  |
| Working tax credit |  |
| Investment income  |  |
| Other  |  |
| **TOTAL PER MONTH** | **£** |

**Monthly Expenditure of both Parents**

|  |  |
| --- | --- |
| Mortgage/rent  |  |
| Pension/life insurance premiums  |  |
| Loans  |  |
| Council Tax  |  |
| Utilities  |  |
| Food |  |
| Other  |  |
| **TOTAL PER MONTH** | **£** |

**Capital Assets**

|  |  |
| --- | --- |
| **Asset**  | **Value**  |
| House  |  |
| Investments  |  |
| Bank Accounts  |  |
| Building Society Accounts  |  |
| Other |  |
| **TOTAL PER MONTH**  | **£** |

**Declaration**

I, (parent/guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certify that: -

1. All of the information contained in all pages of this application is correct to the best of my knowledge.
2. I shall inform the Trustees of any change in financial circumstances, or any permanent change of address occurring during the period of the grant.
3. I undertake that if awarded a grant, the funds will be used solely for the purposes detailed in this application, and I shall refund any amount of the grant received in the event that the funds are no longer required. (e.g. cancellation of trip, or tutoring no longer required etc.)

…………………………………………………………..

Signature of Parent/Guardian/Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of signing

**Checklist of Evidence Required**

**All requested evidence must be provided before the Trustees will review an application.**

Before submitting this application to Ledingham Chalmers LLP, please ensure that you have included the following evidence: -

* Proof of household income in the form of a P60 for ALL parents in the household.
* Child’s birth certificate.
* Documentation relative to any grants being received from other sources for the child.
* Current years council tax form.
* Passport/photograph ID for both the parent/guardian and child.
* Proof of costs relating to this application justifying the sum requested.
* Supporting letter from school/tutor confirming the costs requested (if request is for school trip or tutoring).
* Bank details for the receiving account of any potential payments. This should be provided as a bank statement and in pdf form.
* The last three months’ bank statements should also be provided for every bank account held.
* Families receiving income from self-employment must provide the Trustees with a copy of their business audited accounts for the latest 3 years.

**Please confirm that: -**

The application has been fully completed and signed

YES / NO

If no, please explain why:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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All required evidence has been provided in support of this application

YES / NO

If no, please explain why:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Please confirm where you heard about the Trust:**

1. **Through the local school** [ ]
2. **Through word of mouth** [ ]
3. **Through advertising** [ ]
4. **Through the posters in each village** [ ]
5. **Other** [ ]

**If other, please specify below:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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