

STIRLINGSHIRE EDUCATIONAL TRUST

68 Port Street, Stirling, FK8 2LJ Tel: 01786 474956 email: stgedtrust@btconnect.com

APPLICATION FOR GRANT

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/other):

First Name(s):

Surname:

Home Phone Number:

Mobile Number (optional):

Date of Birth:

Email Address:

Name of parent/legal guardian (if under 18 yrs. old):

Home Address:

STIRLINGSHIRE ADDRESS HISTORY

Address	From Date	To Date

SCHOOL EDUCATION & QUALIFICATIONS (e.g. 'O' Grade /'H'/'A'/GCSE/SQA)

Name of School	Years Attended		
Subject	Qualification	Year Obtained	Grade

FURTHER EDUCATION (e.g. ONC /HNC /HND /Degree /MSc /Apprenticeship)

Establishment Attended	Qualification	Subject	Year Obtained

CURRENT STUDENT

Are you currently a student in further education?	
Name of establishment	
Course	
Course start date	
Number of years course will last	

CURRENT EMPLOYMENT

Are you currently in employment?	
Name of employer	
Address of employer	
How long have you worked there?	

REASON FOR APPLICATION

What do you hope a grant from the Trust will help you achieve?
State any special circumstances which you would like to bring to the notice of the Governors of SET in support of your application

DETAILS OF COURSE/APPRENTICESHIP APPLIED FOR (if relevant)

Course/Apprenticeship to be taken (include qualification you hope to gain)	
Course/Apprenticeship start date	
Name of Establishment where Course/Apprenticeship will be held	
How many years will it last?	

ESTIMATE OF COSTS

Course fees	
Books	
Equipment/tools	
Travel	
Other – give details	
Total costs for Year	

OTHER APPLICATIONS

Have you currently made an application to any other body for financial assistance?	
Name of awarding body	Amount received or likely to receive

PREVIOUS STIRLINGSHIRE EDUCATIONAL TRUST APPLICATIONS

Purpose	Year Granted	Amount Received

INCOME DETAILS

Total gross income of you/your household from all sources in previous financial year (April -March) including wages, income support, other state benefits.	
Personal Income (include all income)	£
Income of Parent/Guardian (applicable where the applicant is under 25 years old & not living independently)	£
Income of husband/wife/partner (state which):	£
State Benefits (Carers/Jobseekers Allowance, Incapacity/Child Benefit, UC etc.)	
Benefit Type	Amount Received
	£
	£
	£
	£
Other sources of income (e.g. rental, bank interest, investments etc.)	
Income Type	Amount Received
	£
	£
TOTAL ANNUAL INCOME FROM ALL SOURCES	£

SELF-CERTIFICATION

Any false declaration will lead to instant termination of your application. Any award made is then immediately returnable, and such conduct may be actionable. SET may also suspend or terminate an award if the conditions of the award are not complied with.

I declare that all the information given in this form is true and agree to supply any additional information to verify the particulars given. I understand my obligations if I accept the award and agree to abide by the terms of the grant. I understand that giving false information, or withholding information, will lead to the cancellation of the application and that action may be taken to recover any money paid. An overpayment will be refundable by me.

Note: All grants made by the SET are discretionary.

Signature of applicant: Date:

Signature of parent/guardian Date:
(where applicable)

The provisions of the Data Protection Act apply to this submission and we may share this information with relevant authorities. The information given on this form is true, accurate and complete.

We undertake to treat confidentially all your personal data.