## 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):					
	Surna	ame:			
	Mobile Number (optional):				
Date of Birth: F	Place of Birth:				
Email Address:					
Name of parent/legal guardian (if under 18 yrs. old):					
Home Address:					
STIRLINGSHIRE ADDRESS HISTORY					
Address		From Date	te	To Da	ate
SCHOOL EDUCATION & QUALIFICATIONS (e.g.	<u>0' G</u>	rade /'H'/'A'	/GCSE	<u>E/SQA)</u>	
Name of School			Years	Attended	
Subject	Qua	alification	Year	Obtained	Grade

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

Establishment Attended	Qualification	Subject	Year Obtained

CUR	RENT	STUD	ENT
	<del> </del>		<u> </u>

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
CFT in accompant of commandication
SET in support of your application

## **DETAILS OF COURSE/APPRENTICESHIP APPLIED FOR (if relevant)**

	<u>APPRENTICESHIP APPL</u>		
Carrage/Ammyonticachin to	he taken (include		
Course/Apprenticeship to			
qualification you hope to	gain)		
O / A	tout data		
Course/Apprenticeship s			
Name of Establishment w			
Course/Apprenticeship w			
How many years will it la	st?		
ESTIMATE OF COSTS			
Course fees			
Books			
Equipment/tools			
Travel			
Other – give details			
Other - give details			
Total acets for Veer			
Total costs for Year			
	_		
OTHER APPLICATIONS	<u>S</u>		
Have you currently made	an application to any othe	r	
body for financial assista			
Name of awarding body			
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#### **INCOME DETAILS**

Total gross income of you/your household from all sources			
(April -March) including wages, income support, of	her state benefits.		
Personal Income (include all income)	£		
Income of Parent/Guardian	£		
(applicable where the applicant is under 25 years old & not			
living independently)			
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Income of husband/wife/partner	£		
(state which):			
State Benefits (Carers/Jobseekers Allowance, Incapacity/Child B	Senefit, 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	£		

# ESTIMATE OF ANNUAL INCOME FOR NEXT FINANCIAL YEAR £

### **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.