HLET

**THE HAMPTON LUCY EDUCATIONAL TRUST
GRANT APPLICATION FORM**

APPLICATION TO THE TRUSTEES COMPLETED ON_____/___/20_____

Please note that BEFORE completing this application form you must;

- Check the Eligibility Criteria outlined on the website www.HLET.co.uk. The Trust CANNOT award Grants to people living, or organisations based, outside of the Geographical location outlined in the criteria. NOR can it award Grants to persons over 25 years of age.
- Have all relevant information you will need to complete the form. Applications not completed fully will be returned and this may delay their consideration.
- Note that meetings are held 3 times a year and applications need to be received by April 30th, August 31st and December 31st in order to be considered at the meetings which take place shortly after these dates.
- Be prepared to provide the Trustees information in relation to attendance on your course and progress of any course or project.

APPLICANT'S FULL NAME:

DATE OF BIRTH:

NORMAL HOME ADDRESS:

POST CODE: EMAIL ADDRESS _____

APPLICANT'S PRESENT EDUCATION OR EMPLOYMENT SITUATION

Does the Applicant or Applicant's Family receive Free School Meals
OR a 16 to 19 Bursary?   Y/N

Is the Applicant or Applicant's Family in receipt of Income/Family Support?   Y/N

PARENTS' or GUARDIANS' FULL NAMES AND OCCUPATIONS:

Parent/Guardian 1 _____ OCCUPATION:

Parent/Guardian 2 _____ OCCUPATION:

ADDRESS (IF DIFFERENT FROM ABOVE):

_____

_____

_____ POST CODE _____

COURSE TITLE & CONTENT :-

COLLEGE, UNIVERSITY OR PROJECT :-

DETAILS OF COURSE: (where applicable)

LENGTH OF COURSE:

COURSE FEES: £   Have you attached written confirmation (Y/N)

COST OF COURSE MATERIALS or PROJECT (Books etc): £
Please Provide Details;

DETAILS OF APPLICANT'S INCOME
(To include parental contributions and other grants applied for even if not yet received):

DETAILS OF INCOME likely to be received from family members or trusts:

DETAILS OF CAPITAL directly owned by the Applicant;

DETAILS OF CAPITAL OF ANY TRUST OR BENEFIT RECEIVED FROM ANY OTHER PERSON
(e.g. Divorced Parent, Godparent or Body e.g., Family Trust)

DETAILS OF LIVING EXPENSES

DETAILS OF CAPITAL of parents (Excluding main residence)

FATHER (Parent, Guardian/Carer 1):	MOTHER (Parent, Guardian/Carer 2):
£	

DETAILS OF INCOME of parents or guardians from ALL Sources (Clarification may be sought):

Parent / Guardian 1	Salary	Pension / Other Income	Monthly/Annual
	£	£	
Parent / Guardian 2	**Salary**	**Pension / Other Income**	**Monthly/Annual**
	£	£	

INFORMATION ABOUT THE GRANT YOU ARE SEEKING

How much grant are you seeking? £

What is the grant for?

How much have you raised by your own efforts and how?

Have you applied for a grant from any other body?

(e.g. District Council/County Council - trust/relative)   Y/N (please delete)

If so, how much have you received (or been promised?)   £_____

Please add any further information in support of your application:

In the event of a successful application being agreed, please supply your bank account's name, number and sort code to facilitate any award being made directly.

Name of Student	
Bank Name	
Sort Code	
Bank Account Number	
Name on the Account	

TO WHOM IT MAY CONCERN

I have applied to the Trustees of the Hampton Lucy Educational Trust for financial assistance with the cost of attending a course(s)

at (state name of institution):-

in (state name of course(s):-

You are hereby authorised to provide information requested by the Trustees to support my application for financial assistance.

FULL NAME AND ADDRESS of Applicant

_____

_____

_____

_____

EMAIL ADDRESS _____

SIGNED _____ DATE _____

IMPORTANT YOU MUST READ AND SIGN.

Under **EU General Data Protection Regulation** which comes into force on the 25 May 2018 **we must ask for** your **specific permission** to contact you, or to update you, re your Grant application or Grant. Obviously, we would send you only relevant information. **Our promise to you is that we will;**

● **Hold** your data securely and only share it within The Hampton Lucy Grammar School Foundation (HLET) and our Trustees.
● **Use** your data to contact you through email, post or text messages
● **Only** contact you to:
  o Update you on your Grant or Grant Application
  o Request further information regarding your application or seek clarification
  o Request updates or a report on the progress of your Course or use of the Grant
● **Not** share your data with any third party whether an individual, a business or another charity.
  (Apart from auditors if required and only then with prior permission).

I agree to allow my data to be used for these purposes.

Signed (Applicant) _____ Date _____