



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

THE HAMPTON LUCY EDUCATIONAL TRUST  
UNDERBANK HOUSE  
44 OLDBOROUGH DRIVE  
LOXLEY  
WARWICKSHIRE  
CV35 9HQ  
WWW.HLET.CO.UK

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](http://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 30<sup>th</sup>, August 31<sup>st</sup> and December 31<sup>st</sup> 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:

DETAILS OF COURSE: (where applicable)

COLLEGE, UNIVERSITY OR PROJECT

COURSE TITLE & CONTENT

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 from ALL Sources (Clarification may be sought):

<b>Parent /Guardian 1</b>	£ 26,500 - £ 39,750
No Income	£ 39,750 - £ 53,000
Under £13,250	£ 53,000 - £ 66,250
£13,250 -£ 26,500	Over £66,250
Please Tick Correct Box or confirming your actual income, this will help the Trust to more accurately assess any Grant that may be provided.	

<b>Parent /Guardian 2</b>	£ 26,500 - £ 39,750
No Income	£ 39,750 - £ 53,000
Under £13,250	£ 53,000 - £ 66,250
£13,250 -£ 26,500	Over £66,250
Please Tick Correct Box or confirming your actual income, this will help the Trust to more accurately assess any Grant that may be provided.	

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

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EMAIL ADDRESS \_\_\_\_\_

SIGNED

DATE.