

# Hamond Educational Charity

## Application For Grant Form

Please print and then complete this form as fully as possible. The Trustees will make their decision based on the information given here and will not enter into correspondence. If there is insufficient space for your answers, please attach a separate paper.

When you have filled in all sections required please post the form to:

**The Hamond Educational Charity**  
**71 Otter Road**  
**Swaffham**  
**PE37 8JE**

1. Full name.
2. Date of Birth.
3. Full address (including postcode).
4. Telephone number.
5. Email address.
6. Place of Study (school, university, college or other place of education) or training (e.g. for an apprenticeship).

Applicant's name:

7. Course or apprenticeship to be undertaken, date of commencement and its length.

8. Trade or vocation to be pursued.

9. Explain why you are in need of financial assistance (the Charity's scheme requires us to ask this question).

10. What kind and amount of financial assistance are you looking for (e.g. a one-off grant or several payments over the course of training)?

11. What is the purpose (or the main purpose) for the financial assistance being applied for.

12. Explain how you have worked out the amount of the financial assistance you are applying for.

Applicant's name:

13. Give details of other applications made for financial assistance for this course or purpose including the results and amounts of funding if granted.

14. Give details of two referees (name, address and relationship to you), one of whom must be able to verify the information you have provided in this application and the need for the financial assistance applied for (e.g. teacher).

15. Please provide any further information you feel would be helpful to the trustees in considering your application.

Applicant's name:

16. I have read the Privacy Notice and I consent to my information to be handled as described in the Privacy Notice. I further consent to being contacted on the telephone number provided and by the email address provided. I understand that referees may be contacted, particularly in relation to Q14 and consent to my information being shared with them as necessary.

Signed.....

Dated.....

Please note: The Trustees may require evidence of acceptance for university, etc., before finally making a grant.

17. If the application is in respect of a person under the age of 13 years, please have the following completed by a parent/guardian responsible for the applicant:

I confirm I am the parent/guardian of..... and consent to their information and mine being handled as described in the Privacy Statement.

Signed:

Name:

Address:

Telephone number:

Email address: