**Hamond Educational Charity**

**Application For Grant Form**

Please complete this form as fully as possible. The Trustees will make their decision based on the information you give. If you need more space, please attach a separate page.

Once completed please return to:

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

|  |  |
| --- | --- |
| First and Last Name |  |
| Date of Birth |  |
| Address  Postcode |  |
| Phone number |  |
| Email address |  |
| Where are you currently receiving your education or training? |  |
| Your course / training / apprenticeship:  Where is it?  When does/did it start?  How long is it for? |  |
| Explain why you need financial support. |  |
| How much are you looking for and how will you spend this? |  |
| Have you applied for or been given any other financial support?  If so, how much and from whom? |  |
| Please supply the name, address, and relationship to you of two referees.  One must be from your current or most recent  education/training/apprenticeship provider | **Referee One:**  Name:  Address:  Relationship to you:  **Referee Two:**  Name:  Address:  Relationship to you: |
| Please add any further information you feel would be helpful to the trustees when considering your application. |  |

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 phone number provided and by email. I understand that referees may be contacted, and consent to my information being shared with them as necessary.

Signed: ………………………………………………………………… Date: ………………………………………

*Please note: Trustees will require evidence of acceptance for university, apprenticeship, etc., before finally making a grant.*

If this application is for a person under the age of 13 years, please ask a parent/guardian responsible to complete below:

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

Signed: ………………………………………………………………… Date: ………………………………………

|  |  |
| --- | --- |
| Name: | Address:  Postcode: |
| Phone number: | Email address: |

I confirm that I give permission for any feedback I give to be used for promotional purposes and on the website.

Signed: …………………………………………………………………………. Date: ……………………………………………