**HITCHIN EDUCATIONAL FOUNDATION**

**APPLICATION FOR A GRANT**

| Full name of student: |  |
| --- | --- |
| Date of Birth: |  |

| Length of time resident in Hitchin (in years): |  |
| --- | --- |
| Students attending a secondary school in Hitchin who reside outside the district of Hitchin are eligible to apply. |

| School attended by applicant during the past 3 years: |  |
| --- | --- |

| (1) | From: |  | To: |  |
| --- | --- | --- | --- | --- |
| (2) | From: |  | To: |  |
| (3) | From: |  | To: |  |

| Name of Parent or Guardian: |  |
| --- | --- |
| Address: |  |
| Post Code: | Telephone No: |  |
| Single/Married/Separated: *(please delete)* | Occupation: |  |
| Parent or Guardian **Email address**: |
| Number of other dependent children with ages: |  |
| Do you have a bank account or other account into which a cheque can be paid? | Yes / No |

**INCOME**

| Wages | £ | Per week |
| --- | --- | --- |
| Income support, Family Credit or Child Benefit | £ | Per week |
| Any other income including Maintenance | £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Per week |
| Total income of Parents including all of the above | £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Per Week |

| Are you eligible to receive school meals? | Yes | No |
| --- | --- | --- |
| Have you received or applied for any other Grant? | Yes | No |
| If so, how much? | £ |
| Which other bodies have you approached (inc. the Herts County Council?): |
|  |

| Purpose of Grant, i.e. Uniform, Fees, etc: |  |
| --- | --- |
| What is the full estimated cost? | £ |
| Name of School or College, etc. if starting new course: |  |
| Full or Part-time pupil: |  |
| Course being taken or reason for staying on at school: |  |
| Length of course: |  |
| Qualifications gained at end of course? |  |
| Any other relevant information:  |  |

This will be signed by the applicant if over 18, or otherwise by a Parent or Guardian.

I certify that the above information to be correct and I consent to Hitchin Educational Foundation retaining and using the information given in accordance with its Data Privacy Policy.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return to:

Hitchin Educational Foundation

c/o Messrs John Shilcock

99 Bancroft

Hitchin

Herts SG5 1NQ

sarah@shilcock.com

**Please Note:**

Under the new Data Protection Regulations personal data will be retained for the purpose of processing the grant application only and will remain secure from a third party.

|  | If you wish to opt out, please tick box. |
| --- | --- |