

**THE EDUCATIONAL FOUNDATION OF DR ROBERT OLDFIELD**

**APPLICATION FOR A GRANT**

Applications for Students under 18 years must be completed by Parent/Guardian

1. SURNAME: \_\_\_\_\_

CHRISTIAN NAMES: \_\_\_\_\_

2. FULL HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

3. TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

4. DATE OF BIRTH: \_\_\_\_\_ 5. BIRTHPLACE \_\_\_\_\_

6. DETAILS OF REQUIREMENT FOR GRANT WITH BREAKDOWN OF COSTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. PREVIOUS EDUCATION

Name of last school: \_\_\_\_\_

Date of leaving: \_\_\_\_\_

8. LIST ALL SCHOLARSHIPS OR GRANTS APPLIED FOR OR RECEIVED FROM OTHER SOURCES:

Awarding Body: \_\_\_\_\_ Annual Award: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

9. TRAVEL EXPENSES OF STUDENT (IF APPLICABLE):

Means of travel: \_\_\_\_\_

Estimated annual cost: \_\_\_\_\_

10. OCCUPATION OF FATHER/GUARDIAN: \_\_\_\_\_

11. OCCUPATION OF MOTHER/GUARDIAN: \_\_\_\_\_

12. GROSS ANNUAL INCOME FOR YEAR ENDED: \_\_\_\_\_

**FATHER/GUARDIAN**

Income: £ \_\_\_\_\_  
Single Parent Allowance: £ \_\_\_\_\_  
Child Benefit: £ \_\_\_\_\_  
Other income £ \_\_\_\_\_  
**TOTAL:** £ \_\_\_\_\_  
Savings/Investments £ \_\_\_\_\_

**MOTHER/GUARDIAN**

Income £ \_\_\_\_\_  
Single Parent Allowance: £ \_\_\_\_\_  
Child Benefit £ \_\_\_\_\_  
Other income £ \_\_\_\_\_  
**TOTAL** £ \_\_\_\_\_  
Savings/Investments: £ \_\_\_\_\_

**IN THE EVENT OF DIVORCE/SEPARATION, DOES THE ABSENT PARENT PAY MAINTENANCE? IF SO, HOW MUCH?** \_\_\_\_\_

13. DEPENDENTS OTHER THAN STUDENT APPLICANT:

Name	DOB	School	Annual Education Costs	Paid By
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. OTHER INFORMATION WHICH THE PARENT/GUARDIAN OR STUDENT WISH TO BRING TO THE ATTENTION OF THE GOVERNORS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. WHERE DID YOU HEAR ABOUT THE CHARITY? \_\_\_\_\_

I declare that the Statements here made are, to the best of my knowledge and belief, correct in every respect.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ENSURE THAT A COPY BIRTH CERTIFICATE AND A COPY OF ANY LOCAL EDUCATION AWARD ACCOMPANY THIS APPLICATION.**

**Return completed form to:- Mr P J Anderson, Clerk to the Governors, Educational Foundation of Dr Robert Oldfield, Exchange House, White Friars, Chester, CH1 1DP**