

**THE EDUCATIONAL FOUNDATION OF DR ROBERT OLDFIELD**

**APPLICATION FOR GRANT**  
**(THE KING'S AND QUEEN'S SCHOOLS)**

Applications for Students aged under 18 years to be completed by parent/guardian.

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

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

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

\_\_\_\_\_

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

3. DATE OF BIRTH: \_\_\_\_\_

4. PLACE OF BIRTH: \_\_\_\_\_

5. NAME OF SCHOOL AT WHICH STUDENT HAS BEEN ACCEPTED:

\_\_\_\_\_

(a) DATE OF ENTRY: \_\_\_\_\_

(b) LENGTH OF COURSE: \_\_\_\_\_

(c) ANNUAL TUITION FEES: \_\_\_\_\_

6. PREVIOUS EDUCATION:

(a) NAME OF LAST SCHOOL ATTENDED: \_\_\_\_\_

(b) DATE OF LEAVING: \_\_\_\_\_

7. LIST ALL SCHOLARSHIPS, GRANTS, AWARDS OR BURSARIES APPLIED FOR OR RECEIVED FROM OTHER SOURCES:

AWARDING BODY:

GRANT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. TRAVELLING EXPENSES OF STUDENT:

MEANS OF TRAVEL: \_\_\_\_\_

ESTIMATED ANNUAL COST: \_\_\_\_\_

9. OTHER INFORMATION WHICH THE APPLICANT WISHES TO BRING TO THE ATTENTION OF THE GOVERNORS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. (a) OCCUPATION OF FATHER/LEGAL GUARDIAN: \_\_\_\_\_

(b) OCCUPATION OF MOTHER: \_\_\_\_\_

11. ANNUAL INCOME:	<u>FATHER</u>	<u>MOTHER</u>
Earned Income	£ _____	£ _____
Unearned Income	£ _____	£ _____
Single Parent Allowance	£ _____	£ _____
Child Benefit	£ _____	£ _____
<u>TOTAL</u>	£ _____	£ _____
Savings & Investments	£ _____	£ _____

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

12. (a) CHILDREN (other than student) DEPENDENT ON PARENTS DURING ADEMIC YEAR FOR WHICH APPLICATION IS BEING MADE:

FULL NAME	DATE OF BIRTH	SCHOOL ATTENDED	ANNUAL COST OF EDUCATION	PAID BY

13. ANY SPECIAL CIRCUMSTANCES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. 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 \_\_\_\_\_ Dated \_\_\_\_\_

This form should be returned on completion to:

Mr P J Anderson  
Clerk to the Oldfield Governors  
Exchange House  
White Friars  
Chester  
CH1 1NZ

