

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 _____
- 5. NAME OF LAST SCHOOL ATTENDED: _____

Course Details for which Grant Application is Being Made

University/College: _____

Name of Course: _____

Length of Course: _____ Date of Commencement: _____

Annual Tuition Fees: _____

Paid By whom: _____

Resident at Home/Lodging/College Hostel: _____

Has an application been made to your LEA for a grant/loan? _____ If so, state amount of award _____

A COPY OF YOUR LEA AWARD SHOULD ACCOMPANY THIS APPLICATION.

List all other grants/bursaries/awards applied for/received:

_____	_____
_____	_____
_____	_____

ESTIMATED ANNUAL COSTS OF ATTENDING COURSE:

Lodging/Accommodation: _____ Travel: _____

Books/Equipment/Specialist Clothing: _____

STUDENT ANNUAL INCOME Gross £'s _____ Savings/Investments: _____

Income From: _____

OTHER INFORMATION WHICH THE STUDENT WISHES TO BRING TO THE ATTENTION OF THE GOVERNORS:

Part 2 To be completed by Parents/Legal Guardian

10. OCCUPATION OF FATHER/GUARDIAN: _____

11. OCCUPATION OF MOTHER/GUARDIAN: _____

12. GROSS ANNUAL INCOME FOR YEAR ENDED: _____

FATHER/GUARDIAN

MOTHER/GUARDIAN

Income: £ _____

Income £ _____

Single Parent Allowance: £ _____

Single Parent Allowance: £ _____

Child Benefit: £ _____

Child Benefit £ _____

Other income £ _____

Other income £ _____

TOTAL: £ _____

TOTAL £ _____

Savings/Investments £ _____

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 made in this application 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