### CONSOLIDATED CHARITY OF BURTON UPON TRENT

Registered Charity No 239072

www.consolidatedcharityburton.org.uk

# **GRANT APPLICATION FORM**

# FINANCIAL ASSISTANCE FOR INDIVIDUALS

(Education, Personal Development, Sport, Arts)

Completed forms should be returned to: -

Mr J P Southwell
Clerk to the Trustees
Consolidated Charity of Burton upon Trent
1st Floor, Gibraltar House
Crown Square, First Avenue
Burton on Trent
Staffordshire
DE14 2WE

Tel: 01283 527067 Fax: 01283 507969

email: clerk@consolidatedcharityburton.org.uk

## **GUIDANCE NOTES FOR APPLICANTS**

- Applicants must live in the Charity's area of benefit, which is the town of Burton upon Trent together with the neighbouring parishes of Branston, Stretton and Outwoods including Barton under Needwood, Rolleston on Dove, Rangemore and Tutbury. Applications will only be considered where the applicant has lived within the Charity's area of benefit for a minimum of 2 years. Proof of this may be requested by the Trustees.
- Applications will be acknowledged within 7 working days of receipt. (If acknowledgement is not received please telephone 01283 527067.)
- 3 Please complete in BLOCK CAPITALS and BLACK ink.
- Please ensure the form is fully completed and signed. Incomplete forms will be returned to the applicant. **Do not provide additional information as a substitute for completing each section of the form.**
- The maximum grant that can be awarded is £300 in any one year. However individuals may make further applications in subsequent years.
- 6 Applicants must provide evidence that they have been accepted on the course, event or project for which they are seeking assistance.
- 7 The Trustees will not support applications for postgraduate courses.
- 8 Grant Applications requesting assistance with funding for a driving test will no longer be considered by the Educational Sub-Committee going forward.
- Applications for school trips, including applicants going abroad to conduct charity work, will not usually be considered by the Educational Sub-Committee.

#### CONSOLIDATED CHARITY OF BURTON UPON TRENT

#### **GRANT APPLICATION FORM**

# Financial Assistance for Individuals (Education, Personal Development, Sport, Arts)

For office use only;
Date keyed
I/D No

**Data Protection Statement:** it is part of the Trustees' responsibilities to ensure that grant applicants are suitably qualified under the terms of the charity's governing document. The personal data supplied on this form and other information relating to the application will be held on file. **Some details may be checked with relevant organisations since the charity reserves the right to investigate and verify what you write in this form,** but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

APPLICANTS DETAILS
SURNAME: [MR/MRS/MISS/MS]*
PREVIOUS SURNAME (if applicable):
FORENAME(S)
ADDRESS:
POSTCODE:
TELEPHONE NO:
EMAIL:
DATE OF BIRTH: NATIONAL INSURANCE NO:
HOW LONG RESIDENT IN AREA OF BENEFIT: (The town of Burton upon Trent or the adjoining parishes of Branston, Stretton, Outwoods, Barton under Needwood, Rolleston on Dove, Rangemore and Tutbury & must be for at least two years)
Have you applied to the Consolidated Charity of Burton upon Trent for a grant before?  [YES/NO]*
If so, please give details:

ave you applied to any other organisations for help? [YES/NO]*	
yes, to whom, how much and the result:	
BOUT YOUR REQUEST lease supply full details of your course, project or event and why you need financial sistance. Please state the total cost and the amount requested. Official evidence movided. (See notes 5 & 6.)	iust b
ailure to provide full details may result in your application being delayed or declined.	
ACKGROUND	
lease give relevant details about your background (eg. Schools or colleges attended, ualifications, training, work experience, etc).	
NCOME	

Please provide details of you information may be reque			bene	fits). <b>Proof of this</b>
Under £20,000		£30,000 - £39,9	999	
£20,000 - £29,999		£40,000 and ov	/er	
HOUSING COSTS				
Please provide details of you live with parents or are in te of Housing Benefit?	ar housing costs a mporary accomm	and state whether you odation. Are you (or y	own y our h	our own home, rent, ousehold) in receipt
CHILDREN AND/OR OT	HER DEPENDA	ANTS (if applicable)		
FULL NAME	DATE (	OF BIRTH	RELA	ATIONSHIP

CAPITAL		
Please give details of any capital you own (eg	Property, Savings, Cars, etc)	
		·
DEBTS & LIABILITIES		
Please give details of any debts or liabilities y	u have (eg. Mortgages, HP, Court	Orders
Student Loans, etc)	u nave (eg. Mortgages, in , court	Orders,
	£	
I HEREBY CERTIFY THAT ALL APPLICATION FORM IS TRUE AND AG		ON THI
	CURATE.	
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Please return the completed form together with all other information required to:

Mr J P Southwell, Clerk to the Trustees, Consolidated Charity of Burton upon Trent, 1<sup>st</sup> Floor, Gibraltar House, Crown Square, First Avenue, Burton upon Trent, Staffordshire, DE14 2WE

If any assistance is required in completing this form then please call 01283 527067.