

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: <i>(please delete)</i>	Occupation:		
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
contact@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.