



# GRANT APPLICATION FORM STRICTLY CONFIDENTIAL

It is the policy of the Dunwich Town Trust, through its Restricted Funds (formerly Dunwich Pension Charity) to award grants to residents in the parish of Dunwich who are in <u>need</u> of financial support. In completing this form the applicant must provide sufficient detail for the Trustees to be satisfied of the need for financial support.

The amounts awarded depend on the circumstances of each individual applicant and the available resources of the charity.

#### 1. Personal Details

Full name	
Address	
Post Code	
Telephone	
Mobile phone	
E-mail	

#### 2. Reason for/Purpose of application

Educational expenses (skip to Page 3)

Other (please complete Page 2 only)

#### Please sign below AFTER completing the form:

I am making this request for a grant from the Dunwich Town Trust in the knowledge that the Trustees have the absolute discretion to refuse or reduce the amount requested. I declare that all the information I have given is true and accurate to the best of my knowledge. I understand that all the information on this form will be treated in absolute confidence.

Signed: .....

Date: .....

CLERK: Julia Davison-Wilson, St. Patrick's, Chediston, HALESWORTH, Suffolk IP19 0AT Tel: 07496785775 Email: <u>clerk@dunwichtowntrust.org</u>



It would be helpful to the Trustees of the DTT in making their decision if you could provide all relevant background information.

## 3. Purpose of grant or funding

Please tell us what you currently need and why:

## 4. Predicted costs

Please tell us what you think the costs are likely to be.

#### 5. Financial situation

Please tell us how much of this cost you can meet yourself without causing undue financial hardship.

## 6. Other financial support

Please tell us about any contributions towards the cost from other sources.

## 7. Supporting information

Please share any information or evidence which you feel would support your grant application and help the trustees come to an appropriate, fair decision. *(attach further sheets if necessary)* 



# **Educational Expenses Grant Application**

To qualify for a grant applicants must be entering a course which leads to a recognised national or international qualification.

#### 1. Educational Institution

Name of establishment: Address:

Postcode:

# 2. Course Title: Reference:

Length of course:

Qualification outcome:

Approximate start date:

#### 3. Expenses.

The total predicted expenses involved, per year, or whole course if less than a year, including:	£
Course fees	
Accommodation costs	
Subsistence costs including food, utilities etc	
Travelling costs	
Extra costs such as books, stationery etc	
Other (give details)	
TOTAL COSTS OF COURSE PER YEAR	
The total finance the applicant will be providing per year, from:	
Local authority or state grants	
Assistance from parents or family	
Student loans	

CLERK: Julia Davison-Wilson, St. Patrick's, Chediston, HALESWORTH, Suffolk IP19 0AT Tel: 07496785775 Email: <u>clerk@dunwichtowntrust.org</u>

#### DUNWICH TOWN TRUST

Registered Charity No. 206294



Earnings from holiday work	
Grants from other institutions	
Other (give details)	
TOTAL FINANCE PROVIDED	
TOTAL GAP IN FINANCE	

4. It would be helpful if you could give a brief outline of the nature of the course and what you are hoping to achieve, including any aspirations for further qualifications.

Please complete the form and return it to the Clerk at the address below before 1<sup>st</sup> July in the year in which you are starting the course, or before 1<sup>st</sup> September if your course starts between the following January and April.

The rules of the charity state that we cannot guarantee or pledge financial support beyond one year, and the grant is made subject to your continuation in the course specified. Therefore if you wish to request a grant for any subsequent year you will need to submit a new application confirming that you are continuing with the course, the level of support you require and any additional information on how the course is going and any developments in your future aspirations which you may deem helpful to the trustees in coming to their decision. If, at any time, your circumstances change (if you leave the course early for instance) you must inform the charity.

The DTT is required to keep evidence that their charitable resources are utilised effectively; to this end recipients will be asked for a certificate of attendance, signed by your course tutor. The trustees reserve the right to verify attendance by talking to an appropriate official at the educational establishment.

Grants awarded will be paid term by term in advance.

I wish to apply for an educational grant and accept the terms and conditions stated above.

Name	Signature	
CLERK: Julia Davison-Wilson St. Patrick's (	Chediston HALESWORTH Suffolk IP19 NAT	

Tel: 07496785775 Email: <u>clerk@dunwichtowntrust.org</u>





## ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

**To: Academic Tutor** 

# **CERTIFICATE OF ATTENDANCE**

In relation to an educational grant awarded to this student the trustees of the Dunwich Town Trust would be very grateful if you could verify this student's attendance on course as listed below.

Full name of student	
Address (home)	
Educational Institution	
Course name & code	
Course dates/period	

Please comment on the above named student's attendance on the course listed during the period specified.

	•
Name: Position:	•
Contact details :	
Phone: Email:	•
Signed: Date:	
Please either send the completed form to:	
Julia Davison-Wilson, Dunwich Town Trust Clerk or pass the form to the student to return to the Dunwich Town Trust.	
CLERK: Julia Davison-Wilson, St. Patrick's, Chediston, HALESWORTH, Suffolk IP19 0AT	