



Stroud and Rodborough Educational Charity

Registered Charity No: 309614

GRANT APPLICATION FORM

PLEASE READ THIS FIRST:

To be considered for a grant from the Charity, students must:

- be under 25 years (at the date of application)
- live in the areas covered by the former Stroud and Nailsworth Urban District Councils and Stroud Rural District Council, which includes Bisley, Chalford, Cranham, Horsley, King's Stanley, Leonard Stanley, Minchinhampton, Miserden, Oakridge, Painswick, Pitchcombe, Randwick, Rodborough, Stonehouse, Thrupp, Whiteshill and Woodchester

TO AVOID DELAY

YOU MUST COMPLETE SECTIONS 1 TO 4 OF THIS FORM

(The information provided enables the Trustees to assess the request fully. All information is kept confidential and the forms are securely destroyed after the application has been considered)

COMPLETED FORMS SHOULD BE RETURNED TO:

Shani Baker, Clerk
Stroud and Rodborough Educational Charity
Post to: 14 Green Close, Uley, Glos, GL11 5TH
Email: info@stroudrodboroughec.org
Phone: 01453 860379

Trustees meet quarterly in January, April, July, and October
Forms should be returned at least 2 weeks before the next trustee meeting
Date of the next meeting can be obtained from the Clerk (see contact details above)

SECTION 1: APPLICANT DETAILS (please complete in ink in block capitals)

FULL NAME OF APPLICANT	
First names:	
Surname:	
HOME ADDRESS	
Postcode:	
DATE OF BIRTH	
PLACE OF EDUCATION	
Present place of education:	
Previous schools attended (if applicable):	

SECTION 2: PARENT/GUARDIAN DETAILS (please complete the section below for all adults who are responsible for the applicant, even if they do not live at the same address).

	Responsible Adult 1	Responsible Adult 2
Full Name:		
Relationship to applicant:		
Address:		
Telephone No:		
Email address:		
Occupation/Employment:		
Monthly gross income/benefits:		
Other dependent children:		

SECTION 3: GRANT APPLICATION DETAILS

PURPOSE OF GRANT:					
(use section 5 to add additional information if necessary)					
Total Cost:	£				
Contribution by applicant:	£				
Contribution by responsible adult(s)	£				
Amount asked for from this charity:	£				
Please give details of any amount asked for from other sources:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">£</td> <td style="border: none;">Source:</td> </tr> <tr> <td style="border: none;">£</td> <td style="border: none;">Source:</td> </tr> </table>	£	Source:	£	Source:
£	Source:				
£	Source:				

SIGNATURES:

Responsible adult:		Date:	
Applicant:		Date:	

SECTION 4: ENDORSEMENT (this MUST be completed by a teacher, lecturer, or educational professional)

Applicant Name:

(please continue on a separate sheet if necessary)

DETAILS OF PERSON COMPLETING THE ENDORSEMENT:

Name	
Signature:	
Date:	
Position	
Institution:	
Daytime Telephone No:	

SECTION 5: FURTHER INFORMATION (please include any additional information about the purpose for which the grant is required to support your application)

A large, empty rectangular box with a thin black border, intended for the applicant to provide additional information about the purpose of the grant application.