



GRANT AID - PERSONAL APPLICATION

If you would like help to complete the form, please contact the office to make an appointment:-

Hitchin Youth Trust

111 Walsworth Road

Hitchin

Herts

SG4 9SP

Tel: 01462 422505

Email: info@hitchinyouthtrust.co.uk



GRANT AID – PERSONAL APPLICATION

GUIDANCE NOTES FOR APPLICANTS

1. Grant Aid is provided in conformity with the Articles and Memoranda of Hitchin Youth Trust Ltd.
2. Grant Aid is restricted to Young Persons who have not reached their 26th birthday, who have been resident in the Trust's Operational Area for at least 12 months, with the specific exclusion of Baldock, Letchworth, Royston and Stevenage. If you are in doubt regarding eligibility, need further information or help in completing this form, contact **The Hon Secretary at Hitchin Youth Trust Ltd, 111 Walsworth Road, Hitchin, Herts SG4 9SP**
Tel/Fax (01462) 422505. Email: info@hitchinyouthtrust.co.uk
3. Awards cannot generally be considered for overseas travel, setting up of businesses, Publicly Funded bodies, or alterations / improvements to premises.
4. Grant Aid is awarded on the principle of providing the maximum benefit for the greatest number of young people, in particular those young people in the greatest need.
5. When considering applications, account is taken of the Applicant's own efforts to provide the finances needed to achieve the intended objectives. Parental contributions are also considered.
6. Other than in exceptional circumstances, applications for Grant Aid may not be made more than once in any 12-month period.
7. If Grant Aid is needed for more than one year, it should be declared when the initial application is made. A separate application has to be made for each year for which Grant Aid is required.
8. Applicants are required to have this form signed by Head of the School/College or Course Tutor. Hitchin Youth Trust may then contact this person to verify and discuss the application with them.
9. Awards made by the Trust may only be used for the purpose(s) declared on the initial application. Recipients maybe required to produce receipts as evidence that this requirement has been strictly adhered to.
10. Recipients of awards may also be required to provide regular progress reports and to give details of their final achievements.
11. Awards are limited and are intended only to assist applicants who have exceptional financial difficulties, or other unusual or difficult circumstances. When completing the application, it is essential that the fullest information be given. Failure to do so may result in the application being rejected. Please return the completed application to:-
The Hon Secretary, Hitchin Youth Trust Ltd, 111 Walsworth Road, Hitchin, Herts SG4 9SP
12. All applications, whatever their nature, are considered fully by the Trustees and decisions made on the basis of the information provided.
13. All financial information provided by the Applicant will be treated in the strictest confidence.
14. Please note that the information provided in this application may be made available, in the strictest confidence, to Hitchin Education Foundation or other local Trusts if we feel they are more suited to help you.
15. The decision of the Trustees in respect of any application is final and they will not entertain any correspondence relating to the decision. All applications remain the property of Hitchin Youth Trust Ltd.

APPLICATION FOR PERSONAL GRANT AID

SECTION 1 – PERSONAL INFORMATION (to be completed by the *Applicant in black ink or if under 16 by the Parent/Guardian on behalf of the applicant*)

Surname of Applicant:	First Names:
Date of Birth:	Place of Birth:
Age at time of Application:	How long have you lived in the Trust's Operational Area?
Address:	Telephone Number: Home:
Post Code:	Mobile:
Status: MARRIED or SINGLE or CIVIL PARTNERSHIP *	Have you any children? If yes, please give names and ages:
Do you attend school, Further Education, Government Training Scheme, Course or proposing to attend University? YES / NO If YES, please give details:	List any qualifications you have achieved so far:
Are you presently employed? YES / NO * FULL TIME / PART-TIME * Weekly take home pay (after deductions): Or Monthly take home pay (after deductions): Annual Gross Salary (before deductions):	If YES, please give details. Occupation: Name of Employer: Business Address: Post Code: Telephone Number:

SECTION 2- CONFIDENTIAL FINANCIAL INFORMATION

Part A – to be completed (together with Appendix 'A') by the Primary Supporter of the Applicant
Primary Supporter: (ie mother/father/guardian/other)

Surname:	First Names:
Relationship to applicant:	
Address:	Telephone Number Home:
Post Code:	Telephone Number Mobile:
Are you presently employed? YES / NO * FULL TIME / PART-TIME * Weekly take home pay (after deductions): Or Monthly take home pay (after deductions): Annual Gross Salary (before deductions):	If YES, please give details. Occupation: Name of Employer: Business Address: Post Code: Telephone Number:
Do you have any other income? YES / NO * If YES, please give details:	Monthly Mortgage or Rent:
Give names and ages of any other persons supported by you:	Do you receive any form of State Support, other Grants or Sponsorships? YES / NO * If YES, please complete Appendix A and return with this application.

*delete as appropriate

SECTION 2- CONFIDENTIAL FINANCIAL INFORMATION

Part B – to be completed (together with Appendix 'A') by the *Secondary Supporter* of the Applicant
Secondary Supporter: (ie mother/father/guardian/other)

Surname:	First Names:
Relationship to applicant:	
Address:	Telephone Number Home:
Post Code:	Telephone Number Mobile:
Are you presently employed? YES / NO * FULL TIME / PART-TIME *	If YES, please give details.
Weekly take home pay (after deductions): Or Monthly take home pay (after deductions):	Occupation: Name of Employer: Business Address:
Annual Gross Salary (before deductions):	Post Code: Telephone Number:
Do you have any other income? YES / NO * If YES, please give details:	Monthly Mortgage or Rent:
Give names and ages of any other persons supported by you:	Do you receive any form of State Support, other Grants or Sponsorships? YES / NO * If YES, please complete Appendix A and return with this application.

SECTION 3 – PURPOSE OF THIS APPLICATION - (to be completed by the Applicant)

Please use additional sheet if necessary

Details of activity or project for which Grant Aid is requested:	Period of time covered by this request:
Name and address of school, college, club etc which you are proposing to attend:	Qualifications sought
Start date of the proposed course or training:	Expected duration of the course:
Do you receive any form of State Support, other Grants or Sponsorships? YES / NO * If YES, please complete Appendix A and return with this application.:	

SECTION 4 – SUMMARY OF THIS REQUEST

4a) Summary of Annual Costs	£
Fees	
Travel Expenses	
Books and Equipment	
Total Costs per Annum	
4b) How much can you provide yourself	£
Personal Loan	
Contribution from Parent(s) or Guardian(s)	
Other Sources (sponsorships, grants etc)	
Total Funding Provided	
TOTAL Grant Aid Requested (4a – 4b)	

*delete as appropriate

SECTION 5 – ADDITIONAL INFORMATION

This section should be used by the Applicant to give details of any particular or unusual financial hardships, or other difficult circumstances, which may affect this application.

Please attach additional sheets if necessary and include any supporting references or letters from school, health professionals or any outside organisation if relevant to your application.

APPENDIX 'A' - SOCIAL SECURITY & OTHER BENEFITS

To be completed by the **Primary & Secondary Supporters** of the Applicant and the **Applicant**
and returned with the application for a Personal or Bursary Grant
(All information provided will be treated in the strictest confidence)

TYPE OF BENEFIT RECEIVED: <i>(Please indicated against each amount whether the payment is made Weekly (W) or Monthly (M))</i>	Primary Supporter			Secondary Supporter			Applicant		
	Yes	No	Amount	Yes	No	Amount	Yes	No	Amount
Attendance Allowance									
Carer's Allowance									
Child Benefit									
Child Maintenance or Support									
Child Tax Credit									
Council Tax Reduction									
Disability Living Allowance									
Employment Support Allowance									
Housing Benefit									
Income Support									
Job Seekers Allowance									
Pension									
Personal Independence Payment									
Statutory Sick Pay									
Universal Credit									
Working Tax Credits									
Other benefits, please state:									

Other Grants or Sponsorship or other type of funding received or applied for:-

Source	Type of Aid Provided	Amount & Time Period

APPENDIX 'B' – DECLARATIONS

Part A - (to be completed by the Applicant)

I declare that the information I have given in this application is correct. I understand that Hitchin Youth Trust may contact the referee, school, college or course leader to verify this application and I give my permission for the application to be discussed with them.

I understand that if an award is made, I may be required to provide certified progress reports.

Signed:
(Applicant)

Date:

Part B - (to be completed by the Primary and Secondary Supporter (where applicable))

I declare that the details given in this application are correct.

Primary Supporter	Secondary Supporter
Signed:	Signed:
Please print name in capitals:	Please print name in capitals:
Date:	Date:

Part C - (to be completed by the present, or proposed Head of School, College or course)

I certify that to the best of my knowledge, the information given on this application is correct and I consider the Applicant to be a suitable person to be considered for Grant Aid. I understand I may be contacted by a representative from Hitchin Youth Trust to verify this application.

Signed:

Please print full name in block capitals:

Position :

Name of School, College, Course:

Contact Telephone Number:

Date:

Part D – Referee

(to be completed by a person (other than a relative or student) who has known the Applicant for at least 3 years and to whom the Trustees may refer for further information). If you would rather not supply a reference, please let us know.

I consider the applicant to be a suitable person to be considered for Grant Aid.

I understand I may be contacted by a representative from Hitchin Youth Trust to verify this application.

Signed:

Please print full name in block capitals:

Occupation :

Address:

Contact Telephone Number:

Please state how long you have known the applicant and in what capacity:

Date: