



ST CLEMENT DANES EDUCATIONAL FOUNDATION

File No.

St Clement Danes CE Primary School, Drury Lane, London WC2B 5SU
A Registered Charity No. 312319

APPLICATION FORM – UNDER 18

TO BE COMPLETED BY PARENT/CARER Please add additional information on a separate sheet if necessary

NAME OF THE PERSON SUBMITTING THIS APPLICATION:

(normally the parent or carer of the Student):

Title	Name	Relationship to Student

NAME & ADDRESS OF PUPIL/STUDENT:

First name(s):		
Surname:		
Address:	Phone number:	
.....	Mobile:	
.....	Email:	
Postcode:	Date of Birth:	
London Borough:	Age:	
<p>How long have you lived here?</p> <p>If less than six years, please provide your previous address and the length of time lived at this address:</p> <p>.....</p> <p>.....</p>		
Schools Attended:	State/Independant	From - To

EDUCATIONAL ACHIEVEMENTS

Date	Subject	Level	Grade achieved

WORK EXPERIENCE - for those over 14 years (including part time)

Dates From - To	Employer	Job	Pay

PURPOSE FOR WHICH THIS GRANT IS REQUESTED: (please continue on a separate sheet if necessary)

AMOUNT OF GRANT REQUESTED: List items, costs, and dates.

Please ensure all costings are consistent, e.g. all monthly, termly or annually

Items	When required	Cost £
Monthly/termly/annually. (Please delete as appropriate)	Total £	

IF FOR ADDITIONAL STUDIES/TUITION: (name and address of tutor)

PERIOD OF ADDITIONAL STUDY/TUITION:

Start:	Complete:
--------	-----------

Planned career where known and experience achieved in field:

--

SOURCES OF FINANCE ETC:

Occupation and Income of person making application (not the student/pupil), including any part time or casual work

	Self	Spouse (if applicable)
Occupation		
Income		

STATE BENEFITS RECEIVED: (if applicable) Please give details and include photocopies of the front page of your benefit book/s

	£
	£
	£

NAMES AND AGES OF OTHER CHILDREN LIVING WITH APPLICANT:

DETAILS OF DEPENDENT RELATIVES, IF APPLICABLE:

LOCAL AUTHORITY GRANTS APPLIED FOR OR RECEIVED: (in respect of this course)

Source	Amount applied for	Amount received or date decision expected

OTHER GRANTS/LOANS APPLIED FOR: (including rejections)

Source	Grant / Loan	Amount applied for	Amount received or date decision expected

REFEREES: NAMES AND ADDRESSES OF TWO REFEREES WHO KNOW YOU WELL.

(not a relative, one must be educational)

Name:	Name:
Position:	Position:
Address:	Address:
.....
Postcode:	Postcode:
Tel:	Tel:
email:	email:

I hereby confirm that the information given is correct. I understand that, the failure of an applicant to inform the Charity of any change in financial circumstances, in particular of funds obtained from other sources or to provide false information, will be regarded as fraud, and that the grant will be cancelled and the Charity may require reimbursement of any money already paid, and the applicant may be reported to the police.

I hereby confirm that I have read and understood the Privacy Policy Please tick box

Signed: Date:

Please print name:

Please let us know how you heard about our Foundation:

When completed, please return this form to:

The Clerk,
 St Clement Danes Educational Foundation
 St Clement Danes CE Primary School
 Drury Lane,
 London WC2B 5SU
 Email: dstarkey@stcd.co.uk

Tel: 020 3146 3459

Fax: 020 7641 6556

St Clement Danes Educational Foundation is compliant with the General Data Protection Regulation (GDPR) - May 2018

OFFICE USE ONLY:

Ref. No.:

Meeting date:

SCD ex-pupil
London Borough of Westminster
Diocese of London

Amount requested and date:

Purpose of request: