

# The Ashley, Churchill & Thorner Educational Trust

## GRANT APPLICATION FORM

**CONFIDENTIAL**

Email: [info@actet.org.uk](mailto:info@actet.org.uk)

Charity No: 306229

### Personal Details

Name:

Date of Birth:

Address:

Post Code:

Email:

Telephone:

Mobile:

### Current Education/Training

School/College:

Course/Training title:

### Education/Training for which grant is sought

College/University/Provider:

Course/Training title:

Start date:

Length of course:

Course/Tuition fees:

Are fees covered by a government loan or similar:

YES/NO (delete as appropriate)

If no, who will be paying the fees:

What do you hope to achieve by obtaining this qualification?

Are you applying for/receiving any other educational grant or scholarship?

If you consider it essential that part payment of this grant is given before you have enrolled, please give full details why you would like the trustees to consider this.

Please add any additional information relevant to this application.

**Course/Training Costs:** How do you intend to use a grant? Please provide as much detail as possible. You may attach any proof, such as a course equipment list.

Details:	Essential/Desirable	Estimated Cost
Books:		
Special clothing:		
Tools:		
Other materials:		
Trips/visits:		
Other (please specify)		

**Supporting declaration:**

We require confirmation that you are taking part in the course/training for which this grant is sought and that the expenditure required is reasonable. Please provide contact details of your tutor/mentor. If you are yet to enrol at the College/University/Provider for which this grant is sought, then please provide details (ie the admission dept) so that we can contact them once you have taken up your place.

Tutor/principal/mentor (if known):

Department:

Name of College/Provider:

Address:

Post Code:

Email:

*I agree to ACTET contacting my college/university, provider, and seeking confirmation that I have enrolled on the course for which this grant is sought.*

Signed (applicant):

Date:

***I declare that the information given in support of this application is correct and complete to the best of my knowledge and belief.***

Signed (applicant):

Date

## Household/Personal Financial Circumstances form

Do you live independently of parents/guardians when in Dorchester and self-supporting?  
**Yes**- go to section A **No** - go to section B

**Section A:** To be completed by the applicant. Cross out as appropriate:

I am currently in Local Authority Care	YES/NO
I am currently living independently having left Local Authority Care	YES/NO
I am currently in receipt of Income Support/Universal Credit and financially supporting myself and/or a dependent (ie child or partner)	YES/NO
I am in receipt of Disability Living Allowance or Personal Independence Payments <b>and</b> Employment Support Allowance or Universal Credit in my own right	YES/NO
I currently live independently of any family or other support	YES/NO
<b>Please provide copies of any written evidence of circumstances to support your application:</b>	Now complete section B

**Section B:** To be completed by parent/guardian or applicant if self-supporting.

Cross out as appropriate:

The applicant receives/received free school meals	YES/NO
The applicant receives/received the 16-19 bursary (or similar)	YES/NO
The applicant has caring responsibilities for anyone in the family: please provide details	YES/NO
How many dependent children are living in the same household?:	

### Income:

Please indicate which suggested evidence of financial circumstances you can provide and ensure that **full** copies of Tax Credit/Universal Credit awards, or other supporting documents are provided where possible. The more accurate picture of financial circumstances provided, the easier it will be for a decision to be reached on the award of grants.

Income Support	YES/NO
Child Tax Credit	YES/NO
Working Tax Credit	YES/NO
Job Seekers' Allowance	YES/NO
Universal Credit	YES/NO
Pension Guarantee Credit	YES/NO
Employment and Support Allowance	YES/NO
Support under Part IV of the Immigration and Asylum Act 1999	YES/NO
Most recent P60 or Salary Statement	YES/NO
Other evidence (please specify):	

**Please use this space to provide any further relevant information to support this application:**

**Section B was completed by:**

Name (please print):

Relationship to applicant (parent/guardian/self-supporting):

Signed:

Date:

**Please return form and copies of supporting documentation to:**

**Email:** [info@actet.org.uk](mailto:info@actet.org.uk)

**Address:**

Mrs. Christine Bussell  
Clerk to the Trustees  
Ashley, Churchill & Thorner Educational Trust  
West Holm  
4 Warne Hill  
Bridport DT6 4AQ

**NB: Supporting documentation can be sent by the parent/guardian separately to the application form.**

**Queries:**

**e-mail:** [info@actet.org.uk](mailto:info@actet.org.uk) or **Tel:** 01308 423906 (please leave a message)

**Data Protection Statement:**

It is part of the Trustees responsibilities to ensure that applicants for grants are suitably qualified under the terms of the Charity's Governing Instrument. Trustees therefore need to make appropriate investigations of each applicant. The personal data supplied on this form will be held on file and be used for the sole purpose of the Trustees of the Charity of ACTET to determine any award and will not be disclosed to any other individual or organisation.