

THE HEYWOOD EDUCATIONAL TRUST

NOTES FOR APPLICANTS

A. PLEASE READ THE FOLLOWING NOTES WHICH OUTLINE THE PURPOSES FOR WHICH GRANTS MAY BE MADE AND WHO IS ENTITLED TO APPLY:-

1. Applicants for grants from the Trust should either
 - (a) live in the Heywood area, or in the village of Birch
 - or (b) attend a school in the area
 - or (c) have attended a school in the area prior to the making of an application for assistance.

2. Grants from the Trust may be given for any purpose which promotes the education, training and development of the applicant. In particular grants may be given for the following purposes:-
 - (a) **To assist** applicants in their attendance at any school, University, College of Education or other institution of further or higher (including professional and technical) education;
 - (b) **To assist** applicants to travel, whether in the United Kingdom or abroad, to pursue their education;
 - (c) **To assist** in the purchase of necessary items to enable an applicant to enter employment following a course of study.

3. There is no age limit for applicants.

The Trustees regret that they are unable to provide full payment of fees or living expenses, but can only provide limited assistance.

B. PLEASE COMPLETE THE APPLICATION FORM FULLY AND SIGN IT. THEN RETURN THE FORM TO:

Clerk to the Heywood Educational Trust
Committee Services Section
Legal & Democratic Services
Town Hall
Rochdale
OL16 1AB

PLEASE NOTE - EVEN IF YOU MEET THE QUALIFICATION REQUIREMENTS SET OUT IN THE NOTES ABOVE, IT DOES NOT MEAN YOU WILL AUTOMATICALLY BE GRANTED ASSISTANCE. I WILL NOTIFY YOU OF THE TRUSTEES' DECISION AFTER THEIR MEETING.

IT MAY BE THAT YOU WILL QUALIFY FOR A LOCAL EDUCATION AUTHORITY GRANT FOR YOUR COURSE. YOU SHOULD CONTACT THE EDUCATION AWARDS SECTION ON (01706) 924716 TO FIND OUT IF YOU ARE ELIGIBLE.

Or telephone (01706) 924716, or e-mail michael.garraway@rochdale.gov.uk for further assistance.

Application No. _____

HEYWOOD EDUCATIONAL TRUST
(Please write in capitals in black ink)

PRIVATE AND CONFIDENTIAL

APPLICATION FOR ASSISTANCE

To be completed by applicant or if you are still at school, by your parent or guardian.
Details provided should relate to the person the grant is applied for.

1. NAME	MARRIED/SINGLE (Delete as appropriate)
2. ADDRESS	TEL NO.
3. AGE	DATE OF BIRTH
4. SCHOOLS ATTENDED (Please give dates)	
5. EXAMINATIONS TAKEN – Please give subjects including dates and results	
6. UNIVERSITY/COLLEGE/ SCHOOL (Including any offered place) Please give details, including course, qualification, commencement and completion dates	
7. EMPLOYMENT – If you are working, please give place and occupation, and state whether full or part-time	

<p>8. What do you want the Grant for? Please give details of costs involved. If you are attending a course, please give details, including date and where it will be held.</p>	
<p>9. How much are you asking for?</p>	
<p>10. Have you previously received a Grant from this or any other Educational Trust? If so, please give details.</p>	
<p>11. Have you applied for any other Grants or loans for the same purpose, for example, from other Trusts or the Education Authority? Please give details and the results of such applications.</p>	
<p>12. Where did you find out about the Heywood Educational Trust?</p>	
<p>13. Please give here any other information relevant to your application</p>	

The information given above is true and complete.

Signed..... Date.....
(Applicant/Parent/Guardian)

If you are still at school, your parent/guardian should sign.

PLEASE COMPLETE APPENDIX 'A'

APPENDIX 'A'

STATEMENT OF FAMILY INCOME AND EXPENDITURE

(To be completed by applicant or if you are still at school by your parent or guardian. If you are a student attending Further or Higher Education, you should enter full family income).

1. INCOME FROM EMPLOYMENT	GROSS PAY	TAKE HOME PAY
(Please list each wage/salary earner, and occupation)	Per week/month *	Per week/month*
1.	£	£
2.	£	£
3.	£	£
4.	£	£
TOTAL INCOME FROM EMPLOYMENT	£	£
2. INCOME FROM OTHER SOURCES		
(Please give details in each case)	£	per week/month*
Grants	£	
Social Security Benefits	£	
Pensions	£	
Child Benefit	£	
Other (including investment income)	£	
TOTAL INCOME FROM OTHER SOURCES	£	per week/month*
3. FAMILY EXPENDITURE		
	£	per week/month *
Rent/Mortgage	£	
Rates	£	
Insurance	£	
Heating/Lighting/Cooking	£	
Travel to Work	£	
Other (please specify)	£	
Do not include clothing, leisure or normal housekeeping expenses		
TOTAL FAMILY EXPENDITURE	£	per week/month*

* Delete as appropriate

4. Please enter your name and list all members of the family living with you, stating ages and relationships.

NAME	AGE	RELATIONSHIP

The information given above is true and complete.

Signed (Applicant/Parent/Guardian) *

Date.....

* Delete as applicable

PLEASE CHECK THE DETAILS YOU HAVE PROVIDED ON THE FORM. IF YOU HAVE NOT FULLY COMPLETED THE FORM, IT MAY DELAY THE TRUSTEES CONSIDERATION OF YOUR APPLICATION.