

ALEXANDER WILLIAMS DAVIE'S CHARITABLE TRUST

APPLICATION FOR ASSISTANCE FOR COLLEGE OR UNIVERSITY EXPENSES. (1st YEAR)

CRITERIA FOR APPLICANT'S

- A. The applicant was born in the Parish of Lumphanan or his/her parents were resident within Lumphanan at the date of the applicant's birth.
- B. The applicant has lived within Lumphanan for five years before the application and continues to live there.
- C. The applicant was born in either Torphins or Kincardine O'Neil or the applicant's parents were resident within Torphins or Kincardine O'Neil at the applicant's birth or the applicant has lived within either of the parishes for five years before the application and continues to live there.

Alexander W Davie Charitable Trust

Applicant Details

Details of Child or young person

Name: _____ Date of Birth ____ / ____ / ____

Home Address: _____

Number of years at Home address _____

Details of parent or guardian applying on child's behalf

Name _____

Address _____

Day time Telephone/Contact No. _____

Parents address at the time of your birth: _____

Have you, or any of your siblings, previously applied to the Trust yes / no

If yes, was your / their application successful? yes / no

Date of previous application _____

Names and ages of brothers and sisters _____

Are they still in full time education yes / no

If yes , at what school and what fees, if any are being paid _____

Course Details

**Which College/University
Do you propose to attend** _____

Stay at home or live away _____

If away – term address _____

Details of Course:-

Duration of course _____ **Year i.e. 1st, 2nd, Final** _____

Final Qualification _____

Costs of Course

Course Fees £ _____

Are these being paid for Yes / No, if yes, by whom _____

Daily Travel £ _____

Accommodation £ _____ **Halls of Residence or private** - **Halls / Private**

Food included in accommodation costs Yes / no

Books/Equipment £ _____

Have you applied for an award from any other source

Yes / no

If no, state why you have not done so _____

If yes, how much have you been granted _____

If you have been refused a grant give reason. _____

Do you have a student grant yes/no _____

If yes, how much £ _____

Applicant Signature _____

Parent Signature _____

FINANCIAL POSITIONS OF ANY OTHER RELEVANT PARTIES

PARENTS / GUARDIAN

Gross Annual Income (see notes)

Applicants are required to submit the previous years' p60 form along with the application form.

Salary
Benefits
Investments _____
Total _____

Allowable Monthly Expenditure

Mortgage
Council Tax
Food
Utilities
Loan _____
Total _____

Capital Assets (see notes)

House
Bank A/c
Building Soc
Investments

Capital Debts

Mortgage
Loans

ALEXANDER WILLIAMS DAVIE'S CHARITABLE TRUST

I, (applicant) _____

certify that :-

- a) that the information contained in pages 2 & 3 of this Application is, to the best of my knowledge and belief, correct.
- b) I shall inform the Trustees of any change in financial circumstances, or any permanent change of address occurring during the period of the grant.
- c) I undertake that if awarded a grant, will keep in regular and punctual attendance for the full length of the course, and I shall refund the amount of the grant received, in the event of my leaving before the end of the course other than for a reason satisfactory to the Trustees.

Signature of Applicant _____

Postal Address _____

Date _____

ALEXANDER WILLIAMS DAVIE'S CHARITABLE TRUST

I, (parent/guardian)_____

certify that :-

- d) that the information contained in all pages of this Application is, to the best of my knowledge and belief, correct.
- e) I shall inform the Trustees of any change in financial circumstances, or any permanent change of address occurring during the period of the grant.
- f) I undertake that if my child/ward is awarded a grant, they will keep in regular and punctual attendance for the full length of the course, and I shall refund the amount of the grant received, in the event of my child/ward leaving before the end of the course other than for a reason satisfactory to the Trustees.

Signature of Applicant's
Parent or Guardian (if appropriate)

Postal Address

Date
