

# ALEXANDER WILLIAMS DAVIE'S CHARITABLE TRUST

## APPLICATION FOR ASSISTANCE FOR CONTINUING COLLEGE OR UNIVERSITY EXPENSES.

### 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 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., 2<sup>nd</sup>, 3<sup>rd</sup>, 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** £ \_\_\_\_\_



# 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 & 4 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

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