ALEXANDER W DAVIES CHARITABLE TRUST

GRANT APPLICATION FORM

APPLICATION FOR PRIMARY SCHOOL CHILDREN

For Completion by Parent/Guardian or Teacher

Please complete and submit this form to [Lynne.Burke@ledinghamchalmers.com](mailto:Lynne.Burke@ledinghamchalmers.com)

**CRITERIA FOR APPLICANTS**

To be eligible for consideration of a grant, the applicant must fall under one or more of the following categories: -

**Category 1:** The applicant was born in the Parish of Lumphanan or his/her parents were resident in Lumphanan at the time of the applicant’s birth.

**Category 2:** The applicant has lived in the Parish of Lumphanan for five years before the application and continues to live there.

**Category 3:** The applicant was born in either the Parish of Torphins or Kincardine O’Neil, or the applicant’s parents were resident within either of these Parishes at the time of the applicant’s birth; or the applicant has lived within either of the Parishes for five years prior to making the application, and continues to live there.

**Details of Child**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Copy birth certificate required to be provided alongside application)

**Place of Child’s Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please select which of the following best describes the child’s family circumstances: -**

* Resident with both parents
* Resident with one parent and second parent paying child maintenance
* Resident with one parent and second parent not paying child maintenance
* Resident with one parent and a step parent who provides for the household financially

**Details of Parent/Guardian**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of years’ resident at current home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(current years’ council tax form required to be provided alongside application)

**Parent/guardians Address at time of child’s birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation/Former Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever previously applied to the Trust for any child?**

**YES / NO**

**If YES was your application successful?**

**YES / NO**

**Date of previous application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was the previous application for the same child as the current application?**

**YES / NO**

**If NO, please provide the name of the child the previous application was for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for previous application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Names and ages of all dependent children:**

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**How many of your dependent children are in fulltime education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What school(s) do your children attend and what fees (if any) are being paid to the school?**

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**Expense Details**

Please explain your reason for making this application **ie School trip fees, tutoring expenses, school uniform costs or other.** You should specify the costs involved and should enclose proof of the costs alongside this application. Without such proof the Trustees will not be able to assess your application.

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**If request for tutoring – specify the number of tutoring sessions required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(please note that you will be required to provide proof of sessions in the form of invoices)

**Sum requested from the Trust: £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date assistance is required by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Financial Information of Parents/Guardians**

Applicants are required to submit the previous years’ P60 form and HMRC letter regarding any benefits for both parents (unless the child is from a single parent household) alongside this application form.

**Gross Annual income of both parents/parent/guardian the child resides with**

|  |  |
| --- | --- |
| Salary |  |
| Maintenance payments |  |
| Child benefits |  |
| Other benefits (please specify which) |  |
| Investment income |  |
| Other |  |
| **TOTAL PER MONTH** | **£** |

**Monthly Expenditure of both Parents/ guardians the child resides with**

|  |  |
| --- | --- |
| Mortgage/rent |  |
| Pension/life insurance premiums |  |
| Loan/repayments |  |
| Council Tax |  |
| Utilities |  |
| Phone |  |
| Wifi |  |
| Food |  |
| Other (please specify) |  |
| **TOTAL PER MONTH** | **£** |

**Capital Assets**

|  |  |
| --- | --- |
| **Asset** | **Value** |
| House |  |
| Savings/Investments |  |
| Bank/Building Society Accounts |  |
| Other (please specify) |  |
| **TOTAL PER MONTH** | **£** |

**Declaration**

I, (parent/guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certify that: -

1. All of the information contained in all pages of this application is correct to the best of my knowledge.
2. I shall inform the Trustees of any change in financial circumstances, or any permanent change of address occurring during the period of the grant.
3. I undertake that if awarded a grant, the funds will be used solely for the purposes detailed in this application, and I shall refund any amount of the grant received in the event that the funds are no longer required. (e.g. cancellation of trip, or tutoring no longer required etc.)

…………………………………………………………..

Signature of Parent/Guardian/Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of signing

**Checklist of Evidence Required**

**All requested evidence must be provided before the Trustees will review an application.**

Before submitting this application to Ledingham Chalmers LLP, please ensure that you have included the following evidence: -

* Proof of household income in the form of a P60 for ALL parents/guardian in the household.
* Child’s birth certificate.
* Documentation relative to any grants being received from other sources for the child.
* Current years council tax form.
* Passport/photograph ID for both the parent/guardian and child.
* Proof of costs relating to this application justifying the sum requested.
* Supporting letter from school/tutor confirming the costs requested (if request is for school trip or tutoring).
* Bank details for the receiving account of any potential payments. This should be provided as a bank statement and in pdf form.
* Proof of other income and/or expenditure where included throughout the application. This should show where the income/expenditure is coming from and the amount of the income/expense.
* Families receiving income from self-employment must provide the Trustees with a copy of their business audited accounts for the latest 3 years.

**Please confirm that: -**

The application has been fully completed and signed

YES / NO

If no, please explain why:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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All required evidence has been provided in support of this application

YES / NO

If no, please explain why:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**The Trustees would be grateful if you could take a minute to answer the following question.**

**Please confirm where you heard about the Trust:**

1. **Through the local school**
2. **Through word of mouth**
3. **Through advertising**
4. **Through the posters in each village**
5. **Other**

**If other, please specify below:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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