# KELSICK EDUCATIONAL FOUNDATION

# 2024 GRANT APPLICATION FORM

Please note before completing this application form you must:

- Check the **Eligibility Criteria and Applications** information on the website www. kelsick.org.uk  The Trust CANNOT award grants to people living, or organisations based, outside the Lakes Parish.  Nor can it award grants to persons over 25 years of age.

- Ensure you have all relevant information needed to complete the form. Applications not completed fully, (for example without receipts for any extra tuition,  or without proof of registration on educational courses) will be returned to you for completion, and this may delay their consideration.

- Applications must be completed on the 2024 Grant application form.

- Note that grant applications are considered on four occasions a year, at quarterly grants meetings. Applications need to be received by April 24th, July 24th, October 24th and January 24th in order to be considered at the next quarterly Kelsick grants meeting.

- Be prepared to provide the Kelsick Trustees with information relating to attendance on any course, and any progress regarding it.

| 1. APPLICANTS DETAILS (CHILD/ YOUNG PERSON) | | | |
|---|---|---|---|
| SURNAME: | | FORENAME: | |
| DATE OF BIRTH: | | AGE: | |
| PHONE: | | | |
| EMAIL: | | | |
| NORMAL HOME ADDRESS: | | | |
| POST CODE: | | | |

| If you have lived for less than 4 years at this address please provide your previous address | |
|---|---|
| PREVIOUS ADDRESS: | |
| POST CODE: | |

| | |
|---|---|
| NAME OF CURRENT SCHOOL | |
| YEAR OF STUDY | |

| PARENT/ GUARDIAN DETAILS (IF APPLICANT IS UNDER 18 YEARS OF AGE) | | | |
|---|---|---|---|
| SURNAME: | | FORENAME | |
| PHONE: | | | |
| EMAIL: | | | |
| NORMAL HOME ADDRESS: | | | |
| POST CODE: | | | |

| 2. FINANCIAL INFORMATION | |
|---|---|
| If your grant application is successful, please supply the details of the account in to which any monies will be deposited. | |
| Name of Child/ Young Person | |
| Bank Name | |
| Sort Code | |
| Bank Account Number | |
| Name on the Account | |

## 3. DETAILS OF GRANT APPLICATION

| WHAT IS YOU GRANT FOR? | Please tick the appropriate categories | AMOUNT APPLIED FOR £ 0.00 |
|---|---|---|
| SPORT | | |
| PERFORMING ARTS | | |
| EDUCATION | | |
| EDUCATION COURSE BOOKS | | |
| TRAVEL GRANT (to 6th form or college) | | |
| ESSENTIAL EQUIPMENT/ CLOTHING | | |
| UNIVERSITY SUBSISTENCE | | |
| EXCEPTIONAL | | |

Please supply information about any funds raised by your personal efforts, and how this was achieved.

**Please add any further information in support of your application**

## 4. EDUCATION/ TRAINING/ APPRENTICESHIP

**IF YOU ARE AGED 16 OR OVER PLEASE COMPLETE THE RELEVANT SECTION A, B OR C, IN FULL.**

| **SECTION A** | **6TH FORM/ FURTHER EDUCATION COLLEGE** | | |
|---|---|---|---|
| ESTABLISHMENT NAME: | | | |
| ADDRESS: | | | |
| | | | |
| POSTCODE: | | | |
| COURSE TITLE: | | | |
| COURSE START DATE: | | COURSE END DATE: | |
| TUTOR NAME: | | | |
| EMAIL: | | | |

**TO BE COMPLETED BY TUTOR**

I CONFIRM THAT [ _____ ]

IS ATTENDING [ _____ ]

SIGNED: DATE:

| **SECTION B:** | **APPRENTICESHIP/ ON THE JOB TRAINING** | | | |
|---|---|---|---|---|
| EMPLOYER NAME: | | | | |
| ADDRESS: | | | | |
| | | | | |
| POSTCODE: | | | | |
| PHONE | | | | |
| TYPE OF APPRENSTICESHIP | | | | |
| START DATE: | | END DATE: | | |
| ARE YOU GIVEN DAY RELEASE TO ATTEND COLLEGE? | YES | | NO | |
| SUPERVISOR NAME: | | | | |
| SUPERVISOR PHONE: | | | | |
| SUPERVISOR EMAIL: | | | | |

**TO BE COMPLETED BY TUTOR**

I CONFIRM THAT [ _____ ]

IS ATTENDING [ _____ ]

SIGNED: DATE:

| SECTION C | UNIVERSITY/ HIGHER EDUCATION |
|---|---|
| ESTABLISHMENT NAME: | |
| ADDRESS: | |
| | |
| POSTCODE: | |
| COURSE TITLE: | |
| QUALIFICATION TO BE OBTAINED: | |
| COURSE START DATE: | COURSE END DATE: |

| PLEASE TICK APPROPIATE BOX | FULLTIME RESIDENTIAL | | PART-TIME RESIDENTIAL | | LIVING AT HOME | |
|---|---|---|---|---|---|---|
| | | | | | | |

| | |
|---|---|
| TUTOR NAME: | |
| EMAIL: | |

I CONFIRM THAT [ _____ ]

IS ATTENDING [ _____ ]

SIGNED: DATE:

| 5. ACTIVITY/ ITEMS APPLIED FOR | COST | RECEIPT ATTACHED |
|---|---|---|
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## 6. DECLARATION

I confirm that the information completed in this form is true and accurate:

Signed: _____

Date: _____

**IMPORTANT - YOU MUST READ AND SIGN:**

The Data Protection Act 2018 controls how your personal information is used by organisations, businesses or the government. We must ask you for your specific permission to contact you, or update you, regarding your grant application or the grant awarded. We will only send you relevant information. Our promise is that we will:

- **Hold** your data securely and only share it within the Kelsick Educational Foundation and our Trustees.
- **Use** your data to contact you through email, post, phone, or text messages.
- **Only** contact you to:
    - Update you on your Grant or Grant Application
    - Request further information about application or seek clarification
    - Request updates or a report on the progress of your Course or use of the Grant
    - Invite you to special events arranged by the Kelsick Educational Foundation
- **Not** share your data with any third party whether an individual, a business or another charity,
  apart from auditors if required, and only then with prior permission.

I agree to allow my data to be used for these purposes.

Signed: _____

Date: _____