

Carter's Educational Foundation

APPLICATION FORM for ANNUAL GRANT for ACADEMIC YEAR beginning SEPT 2024
PLEASE COMPLETE IN CAPITALS

Name of Applicant: Surname and Christian/Forenames.	
Date of Birth:	
Age on 1 st September 2024:	
Address:	
Phone number:	
How long have you lived at this address:	

School/college you attend/hope to attend:	
Course:	
Starting date and length of course:	
Details of any other grants you expect:	
For what, in particular are you requesting a grant? Give dates if appropriate:	
Amount you are requesting:	

Where applicable please supply full details of all projected expenditure over the next year:	
Course fees:	
Examination fees:	
Accommodation:	
Travel:	
Course materials:	
Books:	
Other (Please Specify):	

Bank details of the person or organisation to whom payment should be made:

Details of any prospective earnings from temporary and/or part-time employment during the course:	
How many GCSE's/ A-levels do you have, if any?	
Ages of any other dependent children in your parents' family: (If you are not financially dependent on your parents, ignore this box)	
Are there any special circumstances you wish to draw to the attention of the Trustees?	

Sort Code:

Account Number:

Name:

I/ we undertake to notify the Clerk to the Trustees of any change in my/our financial or educational circumstances during the year, should a grant be awarded.

SIGNED: _____ DATE: ____ / ____ / ____ (Parent or Guardian to sign if applicant is under 18)

PLEASE RETURN COMPLETED APPLICATION FORM and STATEMENT BY PARENTS OF APPLICANTS (where needed) TO:

By email to carters_cef@outlook.com with a subject line "Grant Request – Your name"

Or Post to The Clerk to the Trustees, Carters Educational Foundation, Pennine House, 8 Stanford Street, Nottingham, NG1 7BQ

Please enclose a self-addressed C5 envelope (162 mm x 229 mm)

Both those who are awarded a grant and those who are not awarded a grant will be notified by the Clerk to the Trustees as soon as possible after the Trustees have made their decision.

Carter's Educational Foundation

A registered Charity No. 528161

STATEMENT BY APPLICANTS PARENTS form 2

Please fill in the boxes below USING CAPITAL LETTERS FOR NAME AND ADDRESS. Information is confidential but the Trustees reserve the right to make further enquiries if necessary. Please enter ALL INCOME (before tax is deducted) from ALL sources and write "NONE" in the box if there is no income. If you do not know the figures "per year", please cross out this box and enter "per month" or "per week".

	FATHER	MOTHER
Full Name and Address		
Phone Number		
How long have you lived at this address?		
Type of work		
Employers name and address		
Income from work (per year)		
Income from state (per year)		
Any other income (per year e.g. Maintenance, rent, interest etc)		
TOTAL.		

Income brought into the home by any other person	
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BOTH parents should sign the following declaration. If either is deceased or is abroad or has moved out of the home, this should be stated. One signature will then be acceptable.

I/we declare that the particulars given are a correct and complete statement of my/our total income from all sources and undertake to notify the Clerk to the Trustees of any change in my/our financial circumstances. I/we acknowledge that the Trustees' decision is final in all matters relating to this application.

**SIGNED
DATE**

Father

Mother