HIGGS AND COOPER EDUCATIONAL CHARITY

(Registered Charity No. 311570)

Application for grant

Personal Details of the young person who will benefit from the grant*

	e young person who w	·· · · · · · · · · · · · · · · · · ·			
Surname		First Names			
Date of Birth		Place of birth**			
Email address		Telephone Number			
Current home address**					
Proposed course/activity: statement as to the reason for applying and why you want to take part in the course/activity.					
How will the above benefit your future personal development?					
Qualification sought (if any)		Expected lengt course/activity	h of		
Financial Details					

Total cost of the course/activity. (Please attach FULL DETAILS as briefly as possible):				£	
Other Funds available:	LEAs	£	Trust Funds £		£
	Personal	£	Family		£

	Other	£		
Specific amount of grant being applied for:		£		
Do you intend to apply to other grant giving bodies?				

Please give the names and addresses of two people who would be willing to write a letter in support of your application. These letters should accompany your application. One letter should be professional or from a school and the other one personal.				
Name:		Name:		
Address:		Address:		
Contact No:		Contact No:		
Details of qualifications and interests relevant to this application:				
Any other personal information you might like to give:				
If you wish to write a letter in support of your application please attach it to this form.				
If you or your parent(s) receive any state benefits please give details:				
Are there other	children in the family? Yes / N	O	If yes, how many?	

A **Privacy Notice** relating to your application has been confirmed by the Trustees. If you need to see this notice please write or email to the Clerk at the address below and a copy will be sent to you within one month.

I acknowledge that to qualify for a grant from Higgs & Cooper applicants must be:

1. Under 25 years of age;

3. In need of financial assistance.	
The Trustees reserve the right to see receipts for all parts of any expenditure for which approval.	h they have given
Signed: Date:	
If possible, please return this form and your references electronically to: Clerk@higgsandcooper.org	
Otherwise, please return the form and your references to:	
Clerk to the trustees 37 Beeches Road, Charlton Kings, Cheltenham, GL53 8NL	
*NOT the details of parent / responsible adult making the application!	
** The beneficiary of the grant must:	
 Have been born into a household which at the time of the birth was in the information available on request) 	Parish (further
OR	
Must now live in that area	

2. Resident in the Parish of Charlton Kings or have been born in the Parish;