

WIGTOWNSHIRE EDUCATIONAL TRUST APPLICATION FOR FINANCIAL ASSISTANCE

Please read the following notes before completing the application form

The criteria agreed by the Governors for applications for grants from the Wigtownshire Educational Trust are as follows:-

Applicants must be either on benefit/disabled or unemployed or a combination of these*
Applicants must be individuals, not groups or organisations**

Applicants must normally be resident in Wigtownshire

The Wigtownshire Educational Trust is a funder of last resort i.e. the Trust will only fund those applicants who have exhausted all other areas of funding or for whom there are no other sources of funding

Priority for applications will be given for the following Trusts purposes:-

- 1 Educational excursions with an emphasis on primary school excursions
- 2 Educational travel
- 3 Adult education
- 4 Assistance in obtaining practical experience of trades, etc
- 5 Special equipment
- 6 Sports facilities
- 7 Support of clubs
- 8 Promoting education in the visual arts
- 9 Promoting education in music
- 10 Promoting education in drama
- 11 Travel grants
- 12 Educational experiment and research

We prefer to make payments by electronic transfer (BACS) and we need your Bank or Building Society Account details to do this

* Applicants who are students or still at school will have their parental circumstances taken into account, so information on the family situation, such as employment etc., should be included on the form

** Applications from Schools will be considered for such as educational travel but only on behalf of individual pupils who are in need and for whom a grant is essential to enable attendance on a trip. **Schools should provide a letter of support for individuals in order for the Governors to consider the application.**

Applications from candidates who do not fulfil the above criteria will be refused.

**WIGTOWNSHIRE EDUCATIONAL TRUST
APPLICATION FOR FINANCIAL ASSISTANCE**

**1 NAME OF
APPLICANT
ADDRESS**

POSTCODE:

TEL NO;

DATE OF BIRTH

/

/

DATE OF APPLICATION:

/

/

2 PLEASE STATE THE PURPOSE FOR WHICH FINANCIAL ASSISTANCE IS SOUGHT
[including dates, anticipated achievement and any supplementary information]

**2A PLEASE STATE WHY YOU NEED TO UNDERTAKE THIS ACTIVITY AND WHAT
BENEFIT YOU WILL GAIN FROM IT**

3 COURSE DETAILS (If applicable)

NAME OF COURSE

**LENGTH OF COURSE/STAGE OF
STUDY**

**WHERE COURSE IS TO BE
UNDERTAKEN**

QUALIFICATION ANTICIPATED

PLEASE PROVIDE COURSE CONTACT DETAILS AS FOLLOWS:

**NAME OF TUTOR/
ACTIVITY
ORGANISOR**

ADDRESS

TEL NO:

EMAIL ADDRESS:

I *give my/*do not give my permission for the Course Tutor to be contacted for further information if required.

***Delete as appropriate**

4 FINANCIAL INFORMATION – MUST BE COMPLETED IN ALL CASES

**AMOUNT OF FINANCIAL ASSISTANCE REQUESTED FROM
WIGTOWNSHIRE EDUCATIONAL TRUST** £

**TOTAL FUNDING APPLIED FOR/RECEIVED FROM OTHER
SOURCES** £

TOTAL COST OF ACTIVITY £

4A DETAIL ANY OTHER SOURCE OF FUNDING OTHER THAN THE WIGTOWNSHIRE EDUCATIONAL TRUST YOU HAVE APPLIED FOR:-

Source of Funds	Amount Requested	Decision (awarded/refused/ date of decision)
SAAS Grant		
Student Loan		
Local Authority Grant		
Any other Grant-aided Income		

4B SHOULD YOUR APPLICATION BE UNSUCCESSFUL PLEASE STATE HOW YOU WILL FUND THIS ACTIVITY

5 DID YOU RECEIVE FINANCIAL SUPPORT FROM WIGTOWNSHIRE EDUCATIONAL TRUST IN THE LAST FINANCIAL YEAR?
 If YES please state:-

(1) How much	£ _____
(2) What this funding was for	

8 DETAILS OF APPLICANT

EMPLOYMENT STATUS	EMPLOYED / UNEMPLOYED / ON BENEFITS
TOTAL WEEKLY WAGE / BENEFITS – (list benefits currently being received)	£
ANY OTHER INCOME	£

SPECIAL CIRCUMSTANCES (e.g. family circumstances, single parent, clothing grant, free school meals, disability, health, etc)

9 Should Financial Assistance be granted, please state who the cheque should be made payable to, please give bank or building society details as follows

Sort Code		Name of the bank or building society	
Account Number		Building Society Roll Number	
Account Name			

PLEASE NOW SIGN AND DATE THIS FORM AND RETURN IT WITH ANY SUPPORTING INFORMATION TO THE ADDRESS BELOW.

SIGNATURE		DATE	
PRINT NAME			

10 PLEASE TICK TO SHOW ALL DOCUMENTS YOU HAVE ENCLOSED WITH THIS APPLICATION

- Background Information on Activity
- Letter of Support from Activity Provider
- Information on Employment Status/Family Circumstances

PLEASE ATTACH ANY OTHER RELEVANT INFORMATION IN SUPPORT OF YOUR APPLICATION - Please note that the Governors of the Trust have agreed that the funds should go to those in most need - Please therefore specify any special circumstances which you would wish to be taken into account, such as single parent/ employment status/ family circumstances, clothing grant or free school meals, etc.

FAILURE TO PRODUCE NECESSARY DOCUMENTATION MAY PREJUDICE THE GOVERNORS' CONSIDERATION OF YOUR APPLICATION.

IF YOU HAVE ANY QUERIES OR DIFFICULTIES IN COMPLETING THIS FORM PLEASE CONTACT WILMA McKEOWN AT THE ADDRESS AND TELEPHONE NUMBER NOTED BELOW.
