

The Foundation of Joanna Scott

Registered Charity Number 311253

Application for a Grant

This form should be completed by the parent or guardian and returned to:
Mrs. S. Loombe, Clerk to the Trustees, 13 Cathedral Close, Norwich NR1 4DS
or emailed to secretary@foundationofjoannascott.org.uk

If this application is being completed by the boy or girl who is to benefit from it, then you must include a statement of why it is not being completed by your parents and you should also give their current address. You may attach sheets giving additional information. The information given may be stored on the Trustees' computer.

Remember to sign and date the application. It must also be signed by the beneficiary if he or she is aged 18 or over.

1. Application in respect of:-

Name (in full) of boy or girl. Please underline the name by which he or she is called.

Date of birth:-.....

Home address:-

Post Code:-..... Telephone number:-

Which school is he/she attending?

2. For what is the grant required? Please give the total cost and other details. If it is for a school or similar trip the Trustees will require a copy of the circular giving details. Please make sure one has been sent by the school, or enclose one. The applicant and beneficiary must satisfy themselves that the purpose for which the grant is sought is suitable and that if insurance is necessary it is taken out; the Trustees cannot accept any responsibility for these matters.

3. What contribution are you able to make to the expenses?

4. **Full name** of the person making this application:- Mr./Mrs./Miss./Ms.

Relationship to the child e.g. Mother/Father/Guardian/Grandparent:-

Address and telephone number if different from the above:

Occupation.....Employer.....

5. Other dependant children:

Name:	Date of Birth	School or College	Living at home?

6. For how many years has the child lived within 5 miles of Norwich City Hall?

7. **Household members:** In working out how large a grant may be given, the Trustees use a scale which partly depends on the ages of members of your household. Please put in the boxes below the numbers of people there are in your household in each age group. Include all adults as well as children:

Age: 0-10	11-15	16-18	19-24	25-59	60-74	75 & over

8. **Income:** The figures you give must be for the **Gross** income, before the reductions for tax and insurance etc. The period is for you to say whether the figures given are for a week, month, year etc.

	Amount	Period
Earnings of Father		
Earnings of Mother		
Earnings of other members of the household		
Child benefit		
Tax credits		
Income support		
Separation and Child Maintenance allowances		
Pensions		
Sickness and Invalidation benefits		
Any other sources		

9. **Expenditure:** only give the amounts you pay from the income listed above - do not include amounts paid from Housing Benefit, Social Services etc.

	Amount	Period
Rent		
Mortgage		
Council Tax		
Water charges		

10. Are there any other expenses that you think the Trustees should take into account, particularly educational expenses for your children?

11. **Grants:** Do you receive assistance for any of your children from the Education Authority, Alderman Norman Foundation, Anguish's Educational Foundation, or any other grant making body? Please state how much, how often, from where and for whom.

I/We certify that to the best of my/our knowledge the answers given are true and that I/we will inform the Trustees of any changes that might affect their decision on a grant.

I/We agree that no liability will attach to or claim be made upon the Foundation of Joanna Scott or its Trustees if the young person or any other person shall come to any harm or suffer loss whilst participating in the activity or using the goods for which any grant is made.

I/We agree that the Trustees of the Foundation of Joanna Scott may hold the information I/we have given and I/we understand and agree that the Trustees may consult with other grant making and otherwise relevant bodies to assure themselves of the suitability of making the grant requested.

Signature of applicant:- Date:-

Signature of beneficiary if aged 18 or over:-