The Foundation of Joanna Scott and others

General Grant Application

This form is for application for general purposes ie music lessons and occasionally instruments; dance, drama or gym lessons; extra-curricular activities – both at school and after school; equipment/materials for any of the above. There are separate forms for uniform, higher education maintenance and school trips

Please return to: online: secretary @foundationofjoannascott.org.uk by post: The Foundation of Joanna Scott, 21a Colegate, NORWICH NR3 1BN marking the envelope clearly

'FAO Foundation of Joanna Scott only'

Application in respect of:				
Full Name of Child		Date of Birth		
School				
		Occupation		
Your Partner's name (if applicable)	O	ccupation		
		ail address		
How long has/have the student(s) live	ed within 5 miles of the centro	e of Norwich?		
All I	Dependent Children Living at	: Home		
Name	Date of Birth	School/College/University		

Other Non-dependent Children Living at Home

Name	Date of Birth	School/College/University		

Weekly Gross Income or Earnings

			£	р
Parent (average including overtime and bonus)				
Partner (average including overtime and bonus)				
Child Benefit				
Job Seeker's Allowance				
Income Support				
Working Tax Credit				
Child Tax Credit				
Separation Allowance/Child Maintenance				
Pension (Widow's Disability etc.)				
Incapacity Benefit/ESA				
Carer's Allowance				
From Children's Earning				
Housing Benefit (please enter the amount received)				
Council Tax Benefit (please enter the amount received)			
Mortgage Benefit (from DWP)	,			
From any other sources				
,		Total		
only give the amounts you pay from the income list	ca above ao not n	iciaac airic	arits para ri	OIII
Housing Benefit, Soci	al Services etc.			
Housing Benefit, Soci	al Services etc. Amount	Weekly/		
Housing Benefit, Soci		Weekly/		
Rent Mortgage		Weekly/		
Rent		Weekly/		
Rent Mortgage		Weekly/		
Rent Mortgage Council Tax Water charges Any other expenditure the Trustees should consider	Amount		Monthly	
Rent Mortgage Council Tax Water charges Any other expenditure the Trustees should consider I certify (please tick the boxes)	Amount		Monthly	
Rent Mortgage Council Tax Water charges Any other expenditure the Trustees should consider I certify (please tick the boxes) That I have declared my income and, if applicable,	Amount that of my partner		Monthly	
Rent Mortgage Council Tax Water charges Any other expenditure the Trustees should consider I certify (please tick the boxes) That I have declared my income and, if applicable, That I/we will inform you of any change in my/our	Amount that of my partner circumstances	accuratel	Monthly y and in full	
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