**The Foundation of Joanna Scott and others**

**Grant Application – School Residential Trip**

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'**

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Full Name of Student/Pupil………………………………………………………………………………………………………………………

Date of Birth…………………………………………School and Year……………………………………………………………………………

Parent(s) Name(s)………………………………………………………………….……..Occupation…..………………………………………

Your Partner’s name

(if applicable)………………………………………………………………………………...Occupation……………………………..……………

Address (including postcode)………………………………………………………………………………………………………..….….………

……………………………………………………………………………………………………………………………………………………….….…………

Tel No/Mobile………………………………………………………..….……………..email address…………..………………………..………

How long has the student lived within 5 miles of the centre of Norwich?.........................................................

**All 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** |
|  |  |  |
|  |  |  |
|  |  |  |

School Residential Trip: Please provide full details, dates and cost, where known, of the school trip, including the school’s letter

How much can you contribute?.....................................................................................................

Will the pupil receive Pupil Premium Funding for this trip?  Yes/No

If Yes, how much will he/she receive?

If you are not sure, please contact the school to find out **PTO**

**Weekly Gross Income or Earnings**

|  |  |  |
| --- | --- | --- |
|  | **£** | **p** |
| Parent (average including overtime and bonus) |  |  |
| Partner (average including overtime and bonus) if applicable |  |  |
| 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** |  |  |

**Expenditure**

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

|  |  |  |
| --- | --- | --- |
|  | **Amount** | **Weekly/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 of my partner accurately and in full

**🞏** That I/we will inform you of any change in my/our circumstances

**🞏** That I/we have not applied to any other grant-making body and have received money or goods for

 the same purpose as for this application

New regulations came into force on 25 May 2018. The General Data Protection Regulation – GDPR for short – replaces legislation in EU countries and means that anybody holding data on individuals has to be more open about what they hold and why. The rules apply to all organisations, including the Foundation of Joanna Scott and Others. In order to keep your name on our files, we will need your written permission to hold your contact information. We guarantee to hold this information securely and will not pass it on to any other body, using it solely to contact you regarding your application.

**🞏** I agree for the Foundation of Joanna Scott and Others to hold my details

Signature of parent………………………………………………………………………………….Date……………………………………………