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JOLLIFFE & CO LLP
SOLICITORS
6 ST JOHN STREET
CHESTER
CH1 1DA

APPLICATION FOR A GRANT – GENERAL UNIVERSITY/COLLEGE

Applications for Students under 18 years must be completed by Parent/Guardian

SURNAME: _____

FIRST NAMES: _____

FULL HOME ADDRESS: _____

POST CODE: _____

TELEPHONE NUMBER: _____ **MOBILE:** _____

**** PLEASE NOTE THAT A LAND LINE NUMBER SHOULD BE PROVIDED IN ANY REQUESTS FOR COMMUNICATION DUE TO THE HIGH COST TO THIS CHARITY OF CALLS TO MOBILE TELEPHONES.**

EMAIL:

***** PLEASE PROVIDE A CURRENT EMAIL ADDRESS. THIS WILL BE THE PREFERRED METHOD OF COMMUNICATION AND SHOULD THEREFORE BE REGULARLY MONITORED. EACH CHARACTER MUST BE CLEARLY PRINTED. WHEN USING DASHES (-) OR UNDERSCORE (_) PLEASE ENSURE THESE ARE CORRECTLY PLACED AND INDICATED.**

DATE OF BIRTH: _____ **BIRTHPLACE:** _____

NAME OF LAST SCHOOL ATTENDED: _____

COURSE DETAILS:

University/College: _____

Name of Course: _____

Length of Course: _____

Original Commencement Date: _____ **Annual Tuition Fees: £** _____

Paid By whom: _____

ESTIMATED ANNUAL COSTS OF ATTENDING COURSE:

Resident at: Home Lodging College Hostel:

Lodging/Accommodation: £ _____

Travel: £ _____

Books/Equipment/Specialist Clothing: £ _____

Other costs: £ _____

Have any applications been made for any loans/grants/bursaries? Yes No
(Including Student Finance) If so, state amounts of awards and name the providers:

GRANT/ BURSARY SUM	LOAN SUM	PROVIDER	NOTES

COPIES OF ANY GRANT/LOAN/STUDENT FINANCE AWARD CONFIRMATION INCLUDING BREAKDOWN OF GRANT/LOAN SHOULD ACCOMPANY THIS APPLICATION.

****PLEASE NOTE Applications should not be submitted and will not be considered by the Governors until this information is known & completed and documentary evidence provided.
** West Cheshire College students must apply first to the college for the bursary or the discretionary fund before applying to this Charity and must provide documentary evidence of acceptance/rejection, or documentary evidence of non-eligibility.**

STUDENT ANNUAL INCOME:

Please provide details of total income from part-time jobs or other sources:

Income: £ Savings £

From: _____

WEST CHESHIRE COLLEGE STUDENTS ONLY TO COMPLETE THIS SECTION

WHAT ARE YOU ASKING THIS CHARITY TO FUND?

PLEASE DETAIL THE COST OF THE ITEMS LISTED BELOW WHICH ARE NOT ALREADY FUNDED BY ANY OTHER GRANTS, BURSARIES OR FUNDING FROM ANY SOURCE AND FOR WHICH YOU ARE REQUESTING ASSISTANCE FROM THIS CHARITY

TRAVEL	
BOOKS/EQUIPMENT/ SPECIALIST CLOTHING	
VISITS	
OTHER	

OTHER INFORMATION WHICH THE PARENT/GUARDIAN OR STUDENT WISH TO BRING TO THE ATTENTION OF THE GOVERNORS: Please highlight here any exceptional circumstances

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This section to be completed by Parents/Legal Guardian

NOTE: This section MUST be completed – whether the student is independent or not. Only when there is no contact with parents or when parents are deceased may these figures be left blank but in such cases a reason must be provided for non-completion. In absence of either or both parents, if there is still contact, a figure must be given. If no figures are provided for either or both parents in this section, then a reason must be given here as to why no figures can be provided:

REASON FOR NON-COMPLETION:

OCCUPATION OF FATHER/GUARDIAN: _____

OCCUPATION OF MOTHER/GUARDIAN: _____

FATHER/GUARDIAN

Gross Annual Income: £

Child Benefit: £

Total other Benefits: £

State Pension: £

Occupational Pension: £

Other Pension: £

Any other income: £

TOTAL: £

MOTHER/GUARDIAN

Gross Annual Income: £

Child Benefit: £

Total other Benefits: £

State Pension: £

Occupational Pension: £

Other Pension: £

Any other income: £

TOTAL: £

TOTAL SAVINGS/INVESTMENTS £

IN THE EVENT OF DIVORCE/SEPARATION DOES THE ABSENT PARENT PAY MAINTENANCE? HOW MUCH? £

DEPENDENTS OTHER THAN STUDENT APPLICANT:

NAME	DOB	SCHOOL	ANNUAL EDUCATION COSTS

I declare that the Statements made in this application are, to the best of my knowledge and belief, correct in every respect.

Signature of Parent/Guardian _____ **Date:** _____

Signature of Student: _____ **Date:** _____

PLEASE ENSURE THAT YOU INCLUDE WITH YOUR APPLICATION:

- 1. A PHOTOCOPY BIRTH CERTIFICATE (do not send original documents).**
(Not required for renewal applications)
Please note: For students born but not residing in Chester, a FULL copy Birth Certificate must be provided (i.e. showing the Countess of Chester Hospital, not just “Chester and Ellesmere Port”. If the original full copy is not held, copies can be obtained at the Government site on line for a nominal fee.
- 2. PHOTOCOPIES OF ANY GRANT/LOAN AWARDS (do not send original documents).**
- 3. A STAMPED, ADDRESSED ENVELOPE**

Then return your completed application form to:-

**Mr P J Anderson
Clerk to the Governors
Educational Foundation of Dr Robert Oldfield
6 St John Street
Chester
CH1 1DA**

Applications are **not acknowledged**, due to the high volume of student applicants. Your application will be considered by the Governors and you should normally receive a decision within 4-6 weeks.

Data Protection Statement

We are a Charity which considers applications for assistance towards Education. Any information you give to us will be held securely and in accordance with the rules on data protection. We will treat personal details as private and confidential and safeguard them.

It is part of the Trustees’ responsibilities to ensure that applications qualify under the terms of the Charity Deed. Trustees therefore need to investigate the personal circumstances of applicants/parents. Information may be requested from or shared with relevant organisations but none will be disclosed for any inappropriate purpose. Other organisations include, where relevant:

- Schools and Colleges
- Other Charities

We do not disclose any of your information for marketing purposes. You may have access to your personal information on request.

The Data Protection Act 1998 regulates the use of 'personal data', which is essentially any information, whether kept in computer or paper files, about identifiable living individuals. As a 'data controller' under the Act, we must comply with its requirements.

I hereby give consent for my School or College to
release relevant personal information to you
for the purposes of assessing my application. Student Signature

We are unable to return original documents. Archived documents are destroyed in accordance with our retention policy.

WHERE DID YOU HEAR ABOUT THE CHARITY? _____