Dr. John Bridle’s Charity (Charity No. 310568)

Application for [ ] Educational or [ ] Need Grant Tick as appropriate

All information given here is confidential and will be seen by the Clerk and Charity Trustees only.

Your application form, and any electronic or paper copies, may be kept for up to 6 years of your application being considered. Details of your application will be kept in the charity records and any grant awarded recorded in the Accounts, which will be seen by the auditor.

Please read the following notes before making an application:

1. Applicants must live, or for students have their family home, in the parish of Hardwick with Weedon.
2. Multiple applications may be made over time but if a grant is made it does not guarantee that it will be repeated. Normally only one application per person (Educational) or household (Need) is considered in each year (Sept-August).
3. Educational grants are normally made to persons less than 25 years old, however, mature students and other adults pursuing educational courses and interests may also apply.
4. The Trustees prefer applications made by the person concerned. Where an adult is applying for a young child, the child’s name should be used on the application form and then signed by the adult.
5. Please send your application to Wendy Kett, 34 East End, Weedon, HP22 4NJ [w.kett@btinternet.com](mailto:w.kett@btinternet.com) who will notify you of the outcome following the next meeting of the Trustees.

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| Name |  | | | | |
| Address |  | | | | |
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| Amount requested £ |  | | Preferred payment - cheque/online | | |
|  |  | | | | |
| Cheque in name of |  | | | | |
|  |  | | | | |
| Bank Details for online payment | Bank | Name on Account | | Sort Code | A/C Number |
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| Please describe below what this sum will be used for and why you are applying for a grant from the charity. Alternatively, write this information in a separate letter and attach it to this application form. | | | | | |
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| To assist the Trustees, for NEED applications please describe below what other sources of income you receive. For example pensions, benefits or other income. For EDUCATIONAL applications, please say if these costs are being met in part by the Local Authority or other body. | | | | | |
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Please sign below to confirm that the above details are correct and that you agree to Dr John Bridle’s Charity storing your details for the sole purpose of dealing with this and any future applications.

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| Signature |  | Date |  |