

CONFIDENTIAL

GAMEKEEPERS WELFARE TRUST

APPLICATION FOR EDUCATIONAL ASSISTANCE

1. APPLICANT (STUDENT)

Surname

First Names

Date of Birth

Full address

Tel number

Mobile number

Email address

Current Position i.e. working /at school

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Links with Gamekeeping: - i.e. currently working or helping a Gamekeeper or family involved

References (Name, Address, e mail and Telephone Number if possible)

1. School/College Tutor

2. Person who has known you or you have worked for (voluntary work for example)

If applicant is under the age of 18 years:-

2. PARTICULARS OF PARENT/S / GUARDIAN

Surname

First names

Date of Birth

Marital status

Full address (if different from applicant)

Tel number

Mobile number

Email address

Spouse/Partner (if applicable)

Surname

First names

Date of Birth

Links with Gamekeeping: - i.e. currently working as a Gamekeeper or family involved

3. DEPENDENTS / SIBLINGS

Please give details of any persons dependent on the applicant (please continue on an additional sheet if necessary.) In the case of applicants under 18 years of age or living in the parental home give details of siblings.

Name	Nature of dependency / Details of sibling

4. DETAILS OF COURSE

College _____

Title of course _____

Start Date _____ End Date _____

5. SAVINGS, INCOME AND BENEFITS RECEIVED, by the household if residing with parents, or by the applicant if over 18 years of age and living independently

Please give details of current household finances

Savings

Bank

Investments

ISA

INCOME PER MONTH (please include any benefits)	£ per month
TOTAL	

FEES/OUTGOINGS OF THE HOUSEHOLD

Basic outgoings	
Groceries	
Car tax	
Car Insurance	
Fuel	
Rent / Mortgage	
TOTAL	

6. ASSISTANCE REQUESTED

Nature of assistance requested (<i>please give as much detail as possible including any estimates, also provide any relevant documents available to support your application</i>)

7. ASSISTANCE FROM OTHER FUNDS

OTHER SOURCES OF FUNDS APPROACHED (local, national, occupational, Service, student loans etc) with amounts promised if known.	
Name of funding	Outcome

8. CERTIFICATE (to be signed by applicant or by a suitable representative)

I certify to the best of my knowledge that the information supplied above is correct and that I understand that any incorrect statement may be regarded as an endeavour to obtain help by deception.

Signature of applicant Date.....

Signature of parent/guardian (if applicant under 18) Date

Please return to Mrs H Benson, Gamekeepers Welfare Trust, Keepers Cottage, West Tanfield, Ripon HG4 5LE Tel: 01677 470180. E mail: gamekeeperwtrust@btinternet.com