



**CONFIDENTIAL**

**GAMEKEEPERS WELFARE TRUST**

**EDUCATIONAL GRANT APPLICATION FORM**

**1. APPLICANT (STUDENT):**

<b>STUDENT APPLICANT DETAILS</b>	
Surname	
First Names	
Date of Birth	
Full Address	
Tel Number	
Mobile Number	
Email Address	
<b>CURRENT POSITION: ie: Working / At School</b>	
<b>Links with Gamekeeping: ie Currently working or helping a Gamekeeper or family involved in Gamekeeping</b>	
Working in Gamekeeping – Please provide name of employer	
Family involved in Gamekeeping – Please provide name of family members & employer	

<b>SPOUSE/PARTNER (If Applicable)</b>	
Surname	
First Names	
Date of Birth	
Full Address	
Marital Status	
Tel Number	
Mobile Number	
Email Address	

<b>Links with Gamekeeping: ie Currently working or helping a Gamekeepers or family involved in Gamekeeping</b>	
Working in Gamekeeping – Please provide name of employer	
Family involved in Gamekeeping – Please provide name of family members & employer	

**2. IF UNDER 18**  
**Please provide Parent(s) OR Guardian(s) Particulars**

<b>Parent/Guardian (If Under 18)</b>	
Surname	
First Names	
Date of Birth	
Marital Status	
Full Address	
Tel Number	
Mobile Number	
Email Address	

### 3. REFERENCE

Please provide the name, address, email and Telephone number of **2 people who can provide personal references for you:**

1. Your current school or college Tutor	
Name	
Address	
Tel No	
Email Address	
2. Person who has known you, or you have worked for ( <b>voluntary work or other</b> )	
Name	
Address	
Tel No	
Email Address	

Any queries regarding a reference contact us on 01677 470180. We are here to help.

### 4. DETAILS OF COURSE

College	
Title of Course	
Start Date	
End Date	



## 6. FEES/OUTGOINGS OF THE HOUSEHOLD

Basic outgoings	£ Per Month
Rent (before benefit)	
Mortgage	
Council Tax	
House insurance	
Water rates	
Gas	
Electricity	
Solid Fuel	
Oil	
Food and essentials	
Clothing	
Telephone	
Television License	
Broadband/Sky subscriptions	
Car Tax	
Car Insurance	
Car fuel	
MOT and repairs	
Any other insurances	
Loans/HR	
Magazine/club memberships/subs	
Bus/train/taxi/travel costs	
Home help/care costs	
Medical	
Any other costs please explain and list	
<b>TOTAL</b>	

**7. ASSISTANCE REQUESTED (continue on additional sheet if necessary)**

<p>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, particularly the purpose of training)</i></p>

**8. ASSISTANCE RECEIVED OR APPLIED FOR FROM OTHER FUNDS**

NAME OF FUNDS APPROACHED	AMOUNT PROMISED
1	
2	
3	
4	

**9. DECLARATION** (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.....

**Signature of Parent/Guardian (If Applicable)**

..... Date.....

**Please return to:** Mrs H Benson, Gamekeepers Welfare Trust Keepers Cottage Tanfield Lodge West Tanfield Ripon HG4 5LE Tel: 01677 47010. E mail: [enquiries@thegamekeeperswelfaretrust.com](mailto:enquiries@thegamekeeperswelfaretrust.com)

**This is a confidential document and will only be shared with Trustees for consideration.**