PARSON LATHAM'S EDUCATIONAL FOUNDATION **GRANT APPLICATION FORM**

APPLICANT TITL	E	CURRENT	
FIRST NAME		ADDRESS AND POSTCODE	
MIDDLE NAME(S	5)	POSICOBE	
SURNAME		PHONE/MOBILE	
DATE OF BIRTH		EMAIL	
LIST ALL LOCAL SCHOOLS ATTENDED WITH DATES:			
PLEASE TICK THE CLASS OF GRANT BEING APPLIED FOR:		NAME, FULL ADDRESS & POSTCODE OF FACULTY/SCHOOL/ COLLEGE/COMPANY/UNIVERSITY YOU ARE TO ATTEND:	
APPRENTICESHIP			
VOCATIONAL TRAINING			
UNIVE	RSITY		
TECHN	IICAL COLLEGE	CONTACT:	
TEACH	ER TRAINING COLLEGE	TELEPHONE:	
OTHER	R (please specify):	EMAIL:	
NAME AND DURATION OF COURSE YOU WILL BE FOLLOWING:			
DURING STUDY, WILL YOU LIVE AT HOME OR AS A RESIDENT IN OR NEAR THE COLLEGE/COMPANY, ETC?:			
ARE YOU IN RECEIPT OF, OR HAVE APPLIED FOR/WILL BE APPLYING TO ANY OTHER BODY, ETC, FOR A GRANT?: (If 'Yes', please give the name of who you have applied to and the size of the grant)			
		MOTHER/STEP-MOTHER/FATHER'S PARTNER/ GUARDIAN 2	
TITLE AND FULL NAME		TITLE AND FULL NAME	
FULL ADDRESS		FULL ADDRESS	
POSTCODE		POSTCODE	
PHONE		PHONE	
EMAIL		EMAIL	
NAMES & AGES OF ALL DEPENDENT CHILDREN OF GUARDIAN(S) AND WHETHER IN FULL TIME EDUCATION:			
TOTAL ANNUAL INCOME OF GUARDIAN(S) INCLUDING SALARY, MAINTENANCE, STATE BENEFITS, ETC: £			
CONDITIONS OF APPLICATION:			
 Applicants must be resident in the parish of Oundle and must have attended a state school in Oundle for no less than two years. Any grant made is conditional upon the money being used for the purposes applied for, otherwise the grant must be re-paid to the Trust. The Trustees reserve the gight to contact the school (college) (company) university for which these funds are intended, for confirmation of placement. 			

- The Trustees reserve the right to contact the school/college/company/university for which these funds are intended, for confirmation of placement.
- The Trustees' decision is final and no correspondence will be entered into.

APPLICANT SIGNATURE:	DATE:

Phone: 01832 272551