

Application Form for Individuals

Please complete all questions in block capital letters and return this form to
The Devon Educational Trust, PO Box 86, Teignmouth, TQ14 8ZT
or email devonedtrust@talktalk.net

Please note that the Trustees will not consider applications that are not fully completed.



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1. **First Names** **Surname**
2. **Date of Birth** **Years resident in Devon**
3. **Address to which correspondence regarding this application should be sent**

Postcode

Tel No.

Email address

4. **Your parent(s) / guardian(s) address if different from above**

Postcode

Tel No.

PLEASE COMPLETE SECTION 5 OR 6

5. **Applications for Educational Courses or Establishments**

Establishment to be attended

Address

Course (full title)

Full

Part Time

Sandwich course (please tick)

Cost of course

£

Date of course entry

Date of course completion

6. All other Applications

Details of applications for grants other than at educational establishments

Project for which assistance is sought

Address (where appropriate)

Date of project

7. Purpose for which grant would be used (please give a full financial breakdown):

Cost

£

Total amount for which you are applying

£

8. If you have applied / will be applying to other sources for financial help, please give details here (continue on another sheet if necessary)

Name of source

Amount requested / to be requested

Outcome (successful/unsuccessful or awaiting outcome)

9. If you have an independent income please answer the following questions

(Applicants in receipt of a student award grant and / or a student loan should state this amount)

My annual income

£

Monthly mortgage / rent costs

£

10. To be completed by your parent / guardian

Number of dependent children and ages

Annual income of parents / guardians from all sources including state benefits and pensions

Father's occupation

Gross Income

£

Mother's occupation

Gross Income

£

I declare that the above information is correct

Signature of parent / guardian

Date

11. Please give the names and addresses of two referees

(one of whom must be a member of the teaching staff at your current or last educational establishment)

Name

Name

Address

Address

Postcode

Postcode

Email address

Email address

Tel No

Tel No

Occupation

Occupation

12. Please give details of your academic and / or your employment record to date

Date(s)

Establishment attended

Qualifications obtained

13. I agree to submit a report to the Trustees showing how the grant was used.

YES

NO

I consent to the report being used in part or in total on the Devon Educational Trust website.

YES

NO

I confirm that I have read and agree to the Devon Educational Trust Data Privacy Notice which can be found on our website.

YES

NO

14. I have completed a statement on page 4 to support my application. I confirm that all information is correct and understand that any omissions or incorrect information will jeopardise my application.

Signature of applicant

Date

If you are signing on behalf of a minor (those under 14 years of age) please state your relationship to the applicant.

Please state where you found information about the Trust:

Supporting Information

If emailing supporting image/s please attach and send in jpeg format, maximum 1200 pixels wide by 1200 pixels high.