Charity Commission No. 1027314

**HIGH HAM TRUST**

**APPLICTION FOR A PERSONAL GRANT**

*Please use black ink*

**SECTION 1: PERSONAL INFORMATION – Please fill in all relevant sections**

|  |  |
| --- | --- |
| **A} PERSONAL DETAILS** | |
| SURNAME:  CHRISTIAN NAME:  HOME ADDRESS:  POST CODE:  TELEPHONE: Home:  Mobile:  DATE OF BIRTH: AGE:  Are you a former pupil of High Ham Church of England School? Yes / No (*please circle*) | ADDRESS FOR CORRESPONDENCE (*if different*)  POST CODE: |

|  |
| --- |
| **B) PRESENT SITUATION**  *Please give details of your present education or employment* |

|  |  |
| --- | --- |
| **C) REFEREES**  Please give the names and addresses of **two** referees who are prepared write in support of your application. | |
| Name and Title:  Address:  Telephone No. | Name and title:  Address:  Telephone No. |

**SECTION 2: INFORMATION ABOUT THE APPLICATION**

|  |
| --- |
| **A) DETAILS CONCERNING GRANT APPLICATION**  The Grant can be applied for in one or more of the following objectives:   1. In providing for the School such special benefits of any kind not normally provided by the local education authority, as may from time to time be agreed between the Governors of the School and the Managing Trustees: 2. In promoting the education (including social and physical training) of persons under the age of 25 years, who are in need of financial assistance and who are attending or who have attended the School, or are resident in the Parish of High Ham: 3. In promoting the religious education of persons under the age of 25 years, who are resident in the Parish of High Ham, in accordance with the principles and doctrines of the Church of England by means of a Sunday School or otherwise:   I am applying for a grant under objective: a) b) c) **(*please tick)***  ***Below, please provide some information about the project for which the grant will be used.***  *(Continue on additional sheet if necessary)* |

|  |
| --- |
| **B) FINANCE**  What is the estimated total cost of the course, project or activity which you wish to undertake?  ESTIMATED TOTAL: £ |
| Grants between £100-£300 are usually awarded. How much are you requesting from the High Ham Trust?  £ |

|  |
| --- |
| **C) ADDITIONAL SUPPORTINGSTATEMENT**  Please tell us any particular circumstances relevant to your application  *(Continue on additional sheet if necessary)* |

|  |
| --- |
| **D) APPLICANT DECLARATION**  I certify that to the best of my knowledge, the details provided by me on this application form are correct.  Signature of applicant: ………………………………………………..  Signature or parent (if applicant is under 18) …………………………………………………  Date: …………………………………… |

**PLEASE RETURN THIS FORM TO:**

Sarah Cox c/o High Ham School Trust

The Benefice Office

The Rectory

Huish Episcopi

Langport

TA10 9QR

**For High Ham Trustees administration only**

|  |
| --- |
| Date of Trustee meeting, grant considered……………………  Decision of trustees to award the grant: YES / NO (*please circle*)  Total grant awarded: £\_\_\_\_\_\_\_\_  Signature……………………………. (Trustee) |