

The Anthony Edmonds Charity

Registered Charity No. 286709

APPLICATION FOR EDUCATIONAL GRANT

1. Candidate	
Full Name	Date of birth
Address	Mobile No
	Email
	Telephone No
	If resident at this address for less than 3 years please give previous address details
School/college candidate will attend during the next academic year	
2. Purpose for which grant is sought	
Please outline nature of grant application including details of cost and length of course if applicable.	
Please indicate any contribution that can be made by the candidate or any other bursary/award they have been awarded	

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3. Parents/Carers			
	Father/Partner/Carer	Mother/Partner/Carer	
Full Names			
Address			
Contact Phone			
Email			

5. Income Please give full details of annual current earnings and expected income from all sources

			Father/Partner/Carer	Mother/Partner/Carer	Independent candidate - 18+
Gross salary & other earnings * (including taxable benefits)					
Profits of business or profession					
Gross pension					
All investment income: bank deposit accounts, Building Society accounts, shares, dividends etc					
State Benefits **					
Separation or Maintenance Payments					
Any other income					

* Please supply P60

** Please supply benefit number

6. Dependent children Please give details of all dependent children, including the child applying for grant

		1	2	3	4
Name					
Date of Birth					
School/college/University					
Further Education course fees					

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7. Any other Relevant Information

Please include in this section any information, including any special circumstances, which is not included elsewhere & which you feel is relevant.

8. CERTIFICATE

I/We have made a complete statement of my/our financial situation and circumstances generally.

I/We understand that failure to disclose full material facts may result in the immediate withdrawal of any grant and the candidate being disqualified from any future assistance.

I/We understand that the charity reserves the right to ask for details of income of other household occupants, where considered appropriate.

Signature:.....
.... (Father/Partner/Carer)

Date:.....
.

Signature:.....
.... (Mother/Partner/Carer)

Date:.....
.

Please return this form to:

Mrs Fran Greenfield
Clerk to the Trustees of the Anthony Edmonds Charity
43 Meadowland Road
BRISTOL BS10 7PW

or email to: clerk@aedmondscharity.org