

CITY OF OXFORD CHARITIES

(FORM B for individual schoolchildren)

APPLICATION FOR AN EDUCATION GRANT

Applicants must normally have been resident within the City of Oxford boundaries for a period of at least three years and be under the age of 25 years. Applicants will be taken to have agreed that this information may be communicated to all the Trustees, the Charity Commission, similar charitable organisations and suppliers of items requested.

1. Personal details of applicant:

Full name/s of pupil/s applying
.....
Full address
.....
Date of birth/age Place of birth
How long has the applicant been resident in Oxford?

2. Particulars of Family living with applicant:

Parent/Guardian's Name
Parent/Guardian's Address
.....
Names and ages of Parent/Guardian's other dependent children
.....
.....
Is any member of the family suffering from any physical or mental disability or illness?

3. Statement of Income of Parent/Guardian (please fill in *either* per week *or* per month):

1) Net wages of parent/guardian
2) Net wages of partner
3) Income Support
4) Job seekers allowance
5) Sickness/Incapacity Benefit
6) Pensions
7) Disability Living Allowance
8) Child Tax Credit
9) Child Benefit
10) Other income
11) Assets. Please list any assets you own eg. house, car etc and their approximate value
TOTAL

4. Statement of Expenditure of Parent/Guardian (please fill in all the figures *either* per week *or* per month). Please state if any payments are met by any other sources and, if so, whom: ***(It is essential that this section is completed fully)***

1) Rent/mortgage	.....
2) Council Tax	.....
3) Insurance	.....
4) Water Rates	.....
5) Electricity	.....
6) Gas	.....
7) Telephone	.....
8) Clothing	.....
9) Household expenses (food etc.)	.....
10) Other expenditure	.....
11) Debts (inc. HP, court orders etc)	.....
TOTAL	.....

5. Nature of assistance required. Please provide as much detail as possible, including the cost of each item requested.

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***Please state to whom the cheque should be made payable if the application is successful:
(cheques cannot normally be made payable to the applicant or applicant's family)***

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6. Other sources approached:

1) **Has the DHSS been approached? What was their response**
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2) **Has the applicant had a previous grant from the City of Oxford Charities? When and what for?**
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3) **Has the applicant applied for assistance from any other charity/organisation?**
.....

Signature of Parent/Guardian Date

Signature and full name/address of person supporting this application:

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(All applications must be accompanied by a typed letter from an Educational Social Worker/Health Visitor/Welfare Worker or Advice Centre in support of the request)

Please return form to: The Administrator, City of Oxford Charity, The Office, Stones Court, St Clements, Oxford, OX4 1AP