Strictly Confidential

The Stationers’ Foundation

Application for financial assistance

*Otherwise than in exceptional circumstances awards will only be made to persons under 25 years of age.*

If there is insufficient space against any item please give further details on a separate sheet of paper

Applicant’s full name: ..............................................................................................................................................................

Address: ......................................................................................................................................................................................

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.............................................................................................................. Post Code: ...............................................................

Telephone Number: ......................................................................... Email: .......................................................................

Date of Birth: ..................................................................................... Sex: ...........................................................................

Nationality: ....................................................................................... Country of residence: .............................................

Secondary Schools attended and examination, results with details of subjects and grades attained with dates:

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| --- | --- | --- | --- |
| School | Date | Subject | Grade |
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Post school education/training institutions attended with subjects and qualifications attained with dates:

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| --- | --- | --- | --- |
| Institution | Date | Subject | Qualification |
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Present and previous employments and positions held, including starting and leaving dates:

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| --- | --- | --- | --- |
| Employer | Position | Start date | Leaving date |
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Course you wish to attend: ......................................................................................................................................................

Educational Institution: ...........................................................................................................................................................

Length of Course: ........................................................................................... Full or Part Time: ......................................

Purpose for which grant is required: ......................................................................................................................................

Amount required: ......................................................................................................................................................................

Career you hope to pursue: .....................................................................................................................................................

How will you provide the remainder of your funding? ......................................................................................................

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If you have applied to other charities and organisations

Please give details and the amount granted:

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| --- | --- | --- |
| Charity/Organisation | Amount Granted | Date |
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Financial Information:

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| **Capital assets:** | £ |
| Cash balance at bank (average) |  |
| Other savings or building society accounts |  |
| Investments |  |
| Insurance policies (surrender value) |  |
| Value of property |  |
| Insurance value of household contents |  |
| Insured value of car |  |
| Other assets (please give details) |  |

|  |  |
| --- | --- |
| **Capital Liabilities:** | £ |
| Outstanding mortgage |  |
| Hire purchase debt |  |
| Bank overdraft |  |
| Other loans (including from family) |  |
| Other liabilities (please give details) |  |

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| --- | --- |
| **Taxable Income:** for the year ahead | £ |
| Gross salary |  |
| Business profits |  |
| DWP benefits |  |
| Rental income (including lodgers) |  |
| Income from any other source (please give details) |  |

|  |  |
| --- | --- |
| **Annual Non-taxable income:** | £ |
| LEA Grants |  |
| Grants from other charities |  |
| Allowances from parents |  |
| Other non-taxable income (please give details) |  |
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| --- | --- |
| **Estimated expenditure**: for the year ahead  (or for the period of your course) | £ |
| Mortgage repayment |  |
| Rent |  |
| Council Tax (net of rebates) |  |
| Water rates |  |
| Electricity/gas |  |
| Telephone |  |
| TV rental/licence |  |
| Motor running expenses |  |
| Insurance - life |  |
| Insurance - property |  |
| Income tax |  |
| Food |  |
| Clothing |  |
| Other household expenses |  |
| Repairs to property |  |
| Holidays |  |
| School/University/College Fees |  |
| Fares |  |
| Credit card and HP Interest payment |  |
| Other expenditure (please specify) |  |

Please give below any further information about your family or financial circumstances so we may understand your need for charitable support.

Please enclose two references in support of your application.  It is preferred that one referee should provide an academic reference and the second referee should provide a reference as to character.  Your application will not be considered until the trustees are in possession of both references.

DECLARATION

To the best of my ability I have made a complete statement of my financial situation and circumstances.

I agree that, should you so wish, I will provide further information to substantiate what is reported in this form.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the complete application form to: Mrs Pamela Butler, The Stationers’ Foundation, Stationers’ Hall, Ave Maria Lane, London EC4M 7DD

Tel: 020 7246 0990

Email:  [foundation@stationers.org](mailto:foundation@stationers.org)