



Application form for Financial Assistance

This form to be used by young people between the ages of 16 and 24 residing within the postcode SL6 1-9 which includes Maidenhead and its nearby surrounding villages

Please answer all the questions

**When completed return form
(with a stamped addressed envelope) to:
CLERK TO THE TRUSTEES
(Spoore Merry & Rixman Foundation)
PO Box 4787,
Maidenhead,
Berkshire SL60 1JA
Tel. 020 3286 8300**

Spoore Merry & Rixman Foundation



Section A Particulars of Applicant and Course

Applicant's Surname: Mr/Mrs/Miss/Ms (Delete as appropriate)

Forenames:

Date of Birth:/...../.....

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

Email Address:

Have you received a grant before? Yes No

If you are applying for help with an apprenticeship go to Section A2.

Section A1

Full details of COURSE OF STUDY OR ACTIVITY for which award is needed, including:

Title of Course:

Full Time or Part Time – give details:
.....

Name of College or University:

Length of Course (no. of years):

Year of Course:

Will you be living at home during your course? Yes No

If your application is for a specific item please give details:
.....
.....
.....

Please enclose a copy of your student finance summary. If you have not applied for student finance please visit their website www.slc.co.uk to establish your level of eligibility. If you have received any other funding please give details in section D 'Application financial circumstances'.

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Section A2

Full details of APPRENTICESHIP for which award is needed, including:

Apprenticeship provider:

Length of Apprenticeship (no. of years):

Will you be living at home during your course? Yes No

Please attach a letter from your school/college to confirm you are attending an interview

OR

Attach a letter from your employer confirming you have started an apprenticeship.

If you application is successful you will need a bank account.

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AS Level

A Level

Date	Subject	Pass/Fail	Grade	Date	Subject	Pass/Fail	Grade

Other Academic or Professional Examinations

Date	Name of Examination	Subject	Result	Grade

Section C Employment

Particulars of Employment since leaving School or College

Name & Address of Employer	Dates From - To	Position Held	Full Time (F) Part Time (P)	Salary

I declare that to the best of my knowledge and belief the foregoing information is correct and complete in every respect. In the event of my ceasing to attend the approved course chosen or my course changing before the prescribed finishing date, I will repay the Trustees (within 14 days of their written request) the sum they determine is owing to them after my last attendance.

Signature of Applicant:

Date:/...../.....

Spoore Merry & Rixman Foundation



2. Applicant

Applicant's sources of income

- i. Grants, prizes, awards, scholarships £.....
Give full details:
.....
.....
.....
 - ii. Income – gross monthly income from all earnings £.....
 - iii. Other income (e.g. Investments) £.....
- Total

Trustees welcome any further personal relevant information, i.e. exceptional expenses/family circumstances.

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Declaration to be completed by Parents or Guardians

We declare that to the best of our knowledge and belief the information in this form is correct and complete in every respect and contains a full statement of our income from all sources during the period shown.

Signatures of Parents or Guardians: i)
ii)

Full Names of Parents or Guardians: i)
ii)

Permanent Address:
.....
.....
..... Post Code:

Date:/...../.....