

CITY OF OXFORD CHARITY GUIDANCE NOTES FOR EDUCATION GRANTS – FORM B

Please use this form if:

You are applying for a grant on behalf of a school age child up to age 18

OR

• You are applying for yourself as a young adult in college/university education (18-24).

Individuals applying <u>must</u> have lived within the City of Oxford boundaries for at least three years.

If an applicant is required to give their immigration status in question 2 then please produce a copy of the relevant page of the Applicant's passport or travel document, or a letter from the Home Office informing the applicant of their immigration status. People with Indefinite Leave to Remain (ILR), or Discretionary Leave (DL) or under Humanitarian Protection (HP) will be considered.

All applications need to be submitted with a signed Data Protection statement. Ideally this should be signed by the applicant but in cases where this cannot be done the support worker can authorise us to proceed on their behalf.

Supporting organisation

ALL applications must be accompanied by a signed letter from a school / college / university or other education professional. The supporting letter should briefly outline why this applicant should receive a grant. It should give some background to the applicant's financial situation, family, health housing etc. (as appropriate). Please ensure that full contact details of the supporting organisation are included on the application form including an email address and phone number.

The charity is unable to make payments directly to the applicant or to any individual. It is therefore essential that the organisation supporting the applicant includes their own payment details so that they can ensure the correct items are purchased.

Please return form to: Grants Manager, City of Oxford Charity, The Office, Stones Court, St Clements, Oxford, OX4 1AP, or email to: grants@oxfordcitycharity.org.uk

1. Personal Details of Applicant Full Name:				Contact N	umber:		
Address	including	Postco					
rudicss	meruamg	1 03100	ac				
Occupati	on:						
Age:	011.	How lo	ong living in	Oxford (S	See Guid	lance note	2)
2. Resider	ıcv Status	: ISea	e Guidance r	ote 3)			
Are you a			<u>Galaance r</u>	Yes			No
If no, who	at is your	immigr	ation status				
3. Accomr	nodation						
Owner:							
Rented:		Details of Landlord:					
Other		Pleas	Please give details:				
		1					
		nily livi	ng with app	licant	1		
Full names			Date of birth	Age	Relation	onship	School/work
			DILLII				
5. Nature	of assista	nce red	quired. Pleas	se provid	le as mu	ch detail a	as possible including the c
of each ite	em reque	sted					
Item							Cost
Teem .							

Total

6. Statement of Income. Please give all figures MONTHLY. It is essential to complete this section accurately. The committee take this information into account when making decisions

		Family Household inco	ome	Note if needed
1) Net wages		•		
2) Universal Credit				
3) Income Support				
4) Job seekers allowance				
5) Incapacity Benefit/ESA				
6) Housing benefit				
7) Tax Credits				
8) Child Benefit				
9) Disability Benefit (AA/DLA/				
10) Carers Allowance				
11) Child Support				
12) Pension				
13) Other (Please specify)				
14) Contributions from other				
members of family				
TOTAL MONTHLY INCOME				
7. Statement of Expenditure.	Please	give all figures MONTHI	Υ.	
1) Mortgage/Rent	i icasc	give an rigares more rice	••	
2) Council Tax				
3) Utilities: Gas, Electric, wat				
4) Telephone				
5) Clothing				
6) Household expenses (food etc.)				
7) Disability expenses				
8) Other expenditure				
(Please specify: e.g. school me				
/transport/TV/child care/ etc.				
TOTAL MONTHLY EXPENDITU				
8. Statement of Assets and De	bts			
Savings (if any)			Other a	assets:
Dobts (if any) Total of		wod	Month	ly renayments

Savings (if any)	Do you own a car?	Other assets:
Debts (if any)	Total owed	Monthly repayments
Fines		
Court orders		
Rent arrears		
Other debts (please list)		

Application for an EDUCATION gran	ıt	т				
PLEASE NOTE: This page to be completed by a staff member of the supporting organisation.						
9. Please give details of the cou of the grant	urse/s and the school/ c	ollege or uni	iversity of the beneficiary			
10. Other sources approached a) Has the parent/applicant had	I a grant from the City of	f Oxford Chai	rity? When and what for?			
b) Has the applicant applied for	•	•	rganisation? If so, to whom			
have they applied and what has	the response been so to	arr				
11. Please give any further info	rmation you consider to	o be relevant	t:			
12. Details of support worker/o	organisation					
Name of individual supporting this application:		Direct er	mail address:			
	Role:		Department:			
Name and address of organisa	I tion:		<u> </u>			
a) I wish the funds to be p			account Yes / No			
	lumber:	Sort code:				
b) I wish funds to be paid	using an e-voucher from	Argos to the	e email listed above: Yes / No			
b) I wish fullus to be palu	asing an e voucher from	י הופטי נט נווי	e email fisted above. Tes / NO			
I understand that by completing this form I will be asked to receive grant funds on behalf of the applicant, and I agree to ensure the funds are spent on the items listed in section 5.						
Signature:						

Application for an EDUCATION grant



Data Protection Statement – required for all applications

By applying for a grant from the City of Oxford Charity you have provided information of a personal and sensitive nature both on the application form and in associated documentation provided by third party professionals supporting you. This information will be used by the Trustees and employees of the Charity, and when necessary relevant agencies:

- to assess the validity of your request, to process your application.
- when appropriate, to make a grant payment.
- to other grant makers unless you expressly request otherwise.

The information will be held securely by the Charity for a period of up to six years, after which it will be destroyed. At any time during that period you may request access to your information. These procedures are in accordance with the principles of the Data Protection Act 1998.

I have read and understand the above statement and authorise the City of Oxford Charity to use my personal information as required.

Applicant Signature		
Applicant Name		
Dated		
Protection statem	to be completed by supporting agence ent above has not been signed by the completing and signing this form on behalf	applicant
authorisation so to d	0."	and that I have their
Name		
Date		