

## John Martin's Charity

16 Queens Road  
Evesham  
WR11 4 JN  
Telephone – 01386 765440  
Email – enquiries@johnmartins.org.uk

## Student Grant Application–2019/20

For Office use	Category
Application Number	
Date received	/ / 2019

**Please complete all sections in legible block capitals - enter n/a, delete, circle or tick items as appropriate.**

### **Personal details:**

Title: Mr / Mrs / Miss / Ms / Other

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as at 1 September 2019 \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you lived in Evesham? \_\_\_\_\_

### **University/College Details:**

University/College Name: \_\_\_\_\_

University/College Address: \_\_\_\_\_

### **Course Details:**

Course Title, Level and year of study: \_\_\_\_\_

Duration of the complete Course: \_\_\_\_\_ Start date: (month) (year)

Finishing date: (month) (year)

Is the Course Full-time or Part-time?  Full-time  Part-time

If Part-time, state number of taught hours per week: \_\_\_\_\_

During term time, where will you live?  Home  Away

### **Address whilst attending University (if known):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Please note: If you are attending a University situated within a 50 mile radius of Evesham and live "away" from home, you will be required to provide evidence of a tenancy agreement in your name before the grant will be paid.)**

**Course Costs & funding received**

Please detail the following:

How much is your annual Tuition Fee: £ \_\_\_\_\_

Maintenance Loan: £ \_\_\_\_\_

Maintenance Grant: (if applicable) £ \_\_\_\_\_

Scholarship / Bursary / other (specify source) £ \_\_\_\_\_

Are you on a placement this year?  Yes  No

If yes, what salary/expenses are paid? £ \_\_\_\_\_

Over what period? \_\_\_\_\_

Open University Courses only - Reference Number & Course Code: \_\_\_\_\_

**Please tick the box relevant to your circumstances:**

I received a Student Grant from John Martin's Charity for the academic year 2018/19 **AND** I am providing documentation dated between 1 May 2019 - 1 September 2019 which evidences my continued residency in Evesham.

**OR**

I am providing documentation dated between 1 May 2018 - 1 September 2018 **AND** documentation dated between 1 May 2019 - 1 September 2019 which evidences my residency in Evesham over the last 12 months

**Forms must be returned in person with the necessary supporting documents.  
Incomplete forms and those received after the closing date will not be accepted.**

<b>Application periods close at 1 pm on the following dates:</b>		
Category A: 23 September 2019	Category C: 1 June 2020	Category D: 16 March 2020

Are you a UK Resident for tax purposes? Please tick as appropriate. If no, please provide tax reference and country	YES	NO
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By completing this Form, I acknowledge that John Martin's Charity may store and use this information in accordance with the Charity's Privacy Notice in order to consider providing me with grant assistance. The Privacy Notice is freely available from the Charity's office and website.

Other than where detailed in the Privacy Notice, if this information needs to be shared with third parties, John Martin's Charity will request my consent.

**Optional consent authority** – (only complete if, for example, you wish the Charity to respond to information requests from your parents)  
I consent to John Martin's Charity discussing the progress of my application with:  
(Name) ..... (Address).....

**False declarations will be deemed fraudulent, the application will be rejected and further applications will not be considered.**

I declare that the information given by me on this Form is correct and completed to the best of my knowledge.

**I HAVE READ THE ABOVE DECLARATION AND REQUEST ASSISTANCE FROM THE CHARITY**

Signed: .....

Dated: .....

**All grants are awarded at Trustees' discretion**

<i>Office use</i>				
Grant %:	Residency confirmed:	2018	2019	Processed by:
	Tenancy Agreement:	Seen or N/A	Previous apps A&D	Date:

*All grants are at Trustees' discretion and are processed in line with the Charity's agreed Policy.*

*Grant payments are subject to sufficient funds being available to the Charity.*

*The **onus** is on the student to provide all necessary documentation when submitting an application and ensuring that the required forms are received by the Charity before the specified closing dates. If you require written verification that the confirmation form has been received, **please provide a stamped addressed envelope.***

#### Grant Category –

Please see the advert or our website for full details of the courses covered under each category.

You may only apply for one grant each academic year.

#### Applicant Criteria applicable to all Grant Categories -

**Residency - You must have been resident or (if living away from home during term time) have maintained a residential address in the town of Evesham for a minimum period of twelve months immediately prior to 1 September 2019.**

**Proof of Residency** must be provided showing your name and your Evesham address. Acceptable evidence includes: letters from the student loan company, your university/college, Bank & Building Society letters or statements, credit card statements, or other official documentation that is dated within the timescales shown on page 2 of the application form.

**NB – These confirmations must be in original hard copy format; items produced via the internet will not be accepted.**

**Please contact the Charity before the closing date if you have any queries about acceptable documentation.**

Specific Criteria	Category A Degree, HND, etc. Either full or part time	Category C Part time vocational courses	Category D Open University
Age as at 1 September 2019	18 to state retirement age inclusive	16 to state retirement age inclusive	18 to state retirement age inclusive
Home & Away status. <b>Applicants attending a university within a 50 mile radius of Evesham who wish to apply for an "away" grant must provide evidence of their tenancy agreement before a grant will be paid.</b>	Home status – students living in Evesham during term time.  Away status - students living away from Evesham during their course.	Are all classed as Home students.	Are all classed as Home students.
Application closing dates – 1pm	<b>23 SEPTEMBER 2019</b>	<b>1 JUNE 2020</b>	<b>16 MARCH 2020</b>
Confirmation of Attendance Forms will be posted to applicants. These need to be signed and officially stamped by your University or College	1st Form sent out Mid-October 2019  2nd Form sent out Early January 2020	From Mid October 2019. Or one week after application processed for courses starting later in the academic year	From Mid October 2019. Or one week after application processed for courses starting later in the academic year
Closing dates for the receipt of completed Attendance Forms by the Charity.	1st Form - 16 December 2019 2nd Form – 2 March 2020	Eight weeks after course commences.	Eight weeks after course commences.
Expected grant payment dates. Grants will not be released until duly completed Attendance Forms have been received by the Charity.	Paid in two amounts: 1st payment – November-December 2019 2nd payment – February-March 2020	Paid in one amount approximately 4 weeks after confirmation of attendance has been received.	Paid in one amount approximately 4 weeks after confirmation of attendance has been received.
Number of grants.	One per academic year for a maximum of four years (including Cat D grants)	One per academic year. No maximum.	One per academic year for a maximum of four years (including Cat A grants)

#### General Information -

Courses undertaken outside of the United Kingdom must be for a comparable UK University Degree Qualification.

All cheques and correspondence will be sent to the student's home address. Please provide written notification if any of the information on your application form changes. If we do not receive notification of changes, this may affect your application in either this or future years.

Grants are for one academic year only. A new application is required for each year of study.

Applications must be handed in, either in person or by a member of your family or a friend acting as your agent. We do not accept e-mailed or faxed application forms. A numbered receipt will be issued as confirmation that the completed application form has been received and this should be retained in case of any queries.

**If you have any questions concerning the above, please contact the Charity's Office – either in person: Mon – Fri, 10 am – 1 pm, by telephone: Mon – Thu, 9 am – 5 pm or Fri, 9 am – 4 pm, or by email.**

**Financial Assessment**  
**Please complete if aged 25 years & over**

***Please complete all sections in legible block capital.***  
***Supporting documents must be provided (payslips, bank statements etc)***

**Personal details:**

	Applicant details:	Partner details:
Title:	_____	_____
Surname:	_____	_____
First Name(s):	_____	_____
Home Address:	_____	_____
Post Code:	_____	_____

**Income details - Specify frequency (weekly / monthly / annual)**

(Income received from – PIP, DLA, child benefit, child tax credit and child maintenance is excluded.  
 All other income must be specified)

**Applicant**

Wages (net)	£ _____
Income Support	£ _____
ESA/JSA/Sickness benefit	£ _____
Invalid Care Allowance	£ _____
Maternity Benefit	£ _____
Working Tax Credit	£ _____
Other:	£ _____
<b>Total Income:</b>	<b>£ _____</b>

**Partner**

Wages (net)	£ _____
Income Support	£ _____
ESA/JSA/Sickness benefit	£ _____
Invalid Care Allowance	£ _____
Maternity Benefit	£ _____
Working Tax Credit	£ _____
Other:	£ _____
<b>Total Income:</b>	<b>£ _____</b>

**Capital**

Bank	£ _____
Building Society	£ _____
Shares/ISAs	£ _____
National Savings	£ _____
Other:	£ _____
<b>Total Savings:</b>	<b>£ _____</b>

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Bank	£ _____
Building Society	£ _____
Shares/ISAs	£ _____
National Savings	£ _____
Other:	£ _____
<b>Total Savings:</b>	<b>£ _____</b>

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**Note - False declarations will be deemed fraudulent, the application will be rejected and further applications will not be considered.**

I/We declare that the information given by me/us on this Form is correct and completed to the best of my/our knowledge. **I/WE HAVE READ THE ABOVE DECLARATION AND REQUEST ASSISTANCE FROM THE CHARITY.**

Signed:(applicant)	Signed:(partner)	Dated:
For office use		
Annual income £	Grant percentage on income	%