

<b>John Martin's Charity</b> 16 Queens Road Evesham WR11 4JN Telephone – 01386 765440 <a href="http://www.johnmartins.org.uk">www.johnmartins.org.uk</a> <a href="mailto:enquiries@johnmartins.org.uk">enquiries@johnmartins.org.uk</a>	<div style="text-align: right;">CONFIDENTIAL</div> <div style="text-align: center;"> <b>APPLICATION FOR A MISCELLANEOUS EDUCATION GRANT</b> </div> <div style="text-align: right;">Registered Charity No - 527473</div>
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**Please complete all sections, enter "n/a" as appropriate. Supporting documents must be provided.**

**Parent's / Guardian's Personal Details:**

Names & titles in full	Mr / Mrs / Miss / Miss/ other	Mr / Mrs / Miss / Miss/ other
Names previously known by		
Address		
Post Code		
Telephone / Mobile phone		
Dates of birth		

**Student's Details:**

Name in full	
Date of birth	
School/College/Organisation	
Details of course/activity	
Date and cost	

**Children, dependents or other occupants:**

Name	Date of Birth	Relationship to applicant	Name of School/College/ employer etc.

For office use - Date Issued:

Financial Details:				
Current documents evidencing the following must be provided:				
Income		Specify frequency	Expenditure	
Wages	£		<b>Housing Costs</b>	
Wages partner	£		Mortgage	£
Maintenance	£		Mortgage Benefit received	£
Income Support	£			
Child Tax Credit	£		Total Rent	£
Child Benefit	£		Housing benefit received	£
Job Seekers Allowance	£		Rent arrears	£
Sickness/Incapacity Benefit	£			
Invalid Care Allowance	£		Council Tax per week	£
Maternity benefit	£		Council Tax benefit rec'd	£
Working Tax Credit	£		Council Tax arrears	£
Attendance Allowance	£			
DLA – Care	£		<b>Capital</b>	
DLA – Mobility	£		Bank	£
Pension Credit	£		Building Society	£
State Pension	£		Shares/ISA	£
State Pension Partner	£		National Savings/Bonds	£
Private Pension	£		Other	£
Other:	£			

Benefit Deductions				
Amount of deduction	£	£	£	£
Reasons i.e. social loan, fines etc...				
Amount of loan				
Final repayment date				

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 consent to the Charity confirming such information as may be necessary with appropriate organisations including statutory bodies, medical advisors and schools etc. to enable this application to be considered. I/We also consent to John Martin's Charity processing this information in accordance with the Data Protection Act 1998.

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

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

Signed: .....

Dated: .....

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