ChaHenry Smith Education Trust: Grant Application Form 

# Henry Smith Education Charity: Grant Application Form

Please click enable edit and complete all mandatory fields marked with a **\***

# About you

|  |  |  |  |
| --- | --- | --- | --- |
| Name and those of siblings if a joint application is made\**(see note at* *end of Form)* |  | Address & Postcode: \* |  |
|  |  |
|  | Age: \*  |  |
| Email if over 16 \* |  | Phone number if over 16 \* |  |

# Parent / Guardian (if child 16 years or younger)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: \* |  | Address & Postcode: \* |  |
|  |
| Email: \* |  | Phone number: \* |  |

# Education

|  |  |
| --- | --- |
| Name & address of education or training establishment: \* |  |
| Describe the type of study or training : \* |  |
| Start date of study or training (actual or proposed): \* |  |
| Duration (in years): \* |  |
| What are you aiming to achieve from this study or training \*: \* |  |

# Grant

|  |  |
| --- | --- |
| What would a grant be used for: \*  |  |
| Give an estimated cost of those items\* |  |
| Why is financial support needed: \* |  |

# Advocate

|  |  |  |  |
| --- | --- | --- | --- |
| Name of advocate: \* |  | Business address and postcode: \* |  |
|  |
| How long have you known the student/ individual?: \* |  | Email: \* |  |
| Supporting statement and recommendation (300 words max.) \*  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

\* If your grant award is successful, the Trust will need a brief update from you on progress in your studies before the 1st anniversary of your award including how the award made a difference for you.

Please save the application form as your full name and email a completed copy to: **HSEC@hartlepool.gov.uk**

*Note – if the application is for siblings of the same age, same school, same reasons, same advocate* then

*one application form can cover the siblings. Otherwise, separate forms are required*.