

**ALSTON WITH GARRIGILL EDUCATIONAL FOUNDATION**

APPLICATION FORM to be completed by candidate

CONFIDENTIAL

1 Applicant's Name: \_\_\_\_\_ date of Birth: \_\_\_\_\_

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

2 Parent's Name and Occupation: \_\_\_\_\_

3 Do you live with both parents? yes/no\* \_\_\_\_\_

4 Current School/College/University: \_\_\_\_\_

Course and year: \_\_\_\_\_

5 Details of Examinations taken/\*to be taken and dates, if applicable

GCSE Subjects: \_\_\_\_\_  
 \_\_\_\_\_

GCE 'A' Level Subjects: \_\_\_\_\_

Degree or other: \_\_\_\_\_

**6 Details of Assistance Requested**

Are you requesting help with cost of:

	<i>Please tick:</i>	Amount of assistance requested
Books	.....	£ _____
Educational Visit	.....	£ _____
Equipment	.....	£ _____
Fees	.....	£ _____
Other	.....	£ _____

(Alphabetical order only)

**7 Please give full details** (venue, dates, costs, type of equipment etc) Please attach receipts or further information to support your application. Failure to do so will delay any assistance and may lead to rejection of application.

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

8 Are you in receipt of, or have you applied for, any other assistance for this course/event/purchase? Yes/No\*

If yes, please give details: \_\_\_\_\_

9 Have you had assistance from this Foundation before? Yes/No\*

If yes, when? \_\_\_\_\_ for what \_\_\_\_\_

10 Are you employed? Yes/No\*. If yes, what is your income per week? £ \_\_\_\_\_

Please return to address overleaf

\* delete as appropriate