|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | |
| Home Address | Postcode | | | | | | | | |
| Date of Birth | ……………/……………/…………… | | | | | | | | |
| Daytime Telephone |  | | | Email: | | | | | |
| Term Time Accommodation Address (if different) | Postcode | | | | | | | | |
| Daytime Telephone |  | | | Email: | | | | | |
| Do you have any dependent children or financially dependent partner? |  | | | | | | | | |
| Details of Dependents | Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Relationship  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Age  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | |
| Are you a Lone Parent? |  | | | | | | | | |
| How much funding are you requesting? | | | | | | | | | £ |
| Have you applied for funding, in connection with this application, from any other charitable or non-charitable institution or authority? | | | | | | |  | | |
| If ‘yes’ how successful have you been with the application(s) to date? | | | | | | | | | |
| Where did you hear about the Sir Samuel Osborn Deed of Gift Fund? | | | | | | | | | |
| **FROM THE FOLLOWING PLEASE COMPLETE A or B (NOT BOTH)** | | | | | | | | | |
| **A - Application for Relief** | | | | | | | | | |
| Do you have a health problem or disability which is relevant to your application? | | | | | |  | | | |
| If yes, please describe your health problem or disability in this space: | | | | | | | | | |
| **PLEASE TELL US ABOUT YOUR MONTHLY FINANCES** | | | | | | | | | |
| What is the amount of your net monthly salary? | | | | | | | | | £ |
| What is the amount of your partner’s net salary? | | | | | | | | | £ |
| What is the amount of all state benefits you receive (e.g., child benefit; tax credits; universal credit, pension, disability allowance, etc.)? | | | | | | | | | £ |
| What is the amount of any other income you receive? | | | | | | | | | £ |
| Please describe any other income you receive: | | | | | | | | | |
| **Total income per month** | | | | | | | | | **£** |
| What are your monthly outgoings, to include -  rent/mortgage payments, council tax, utility bills, travel costs, household expenses to include: food, laundry, repairs, insurances, etc.? | | | | | | | | |  |
| Please describe any other expenses you incur here: (Please include prescription charges if not exempt, medical equipment costs not covered by the NHS, carer costs, hospital car parking, etc.) | | | | | | | | |  |
| **Total expenditure per month?** | | | | | | | | |  |
| **What is the approximate total value of any savings?** | | | | | | | | | **£** |
| **B - Your Course** | | | | | | | | | |
| Full name of your course | |  | | | | | | | |
| Name of College/University/Etc. | |  | | | | | | | |
| Course Type | |  | | | | | | | |
| Cost of Course | | £ | | | | | | | |
| Date of Course | | Start Date  ……/………/………… | | | Expected End Date  ……………/……………/………… | | | | |
| **PLEASE TELL US ABOUT YOUR MONTHLY FINANCES** | | | | | | | | | |
| What is the amount of your net monthly salary? | | | | | | | £ | | |
| What is the amount of all state benefits you receive (e.g., child benefit; tax credits; universal credit, pension, disability allowance, etc.)? | | | | | | | £ | | |
| If you have a have a student loan, what does it equate to per month? | | | | | | | £ | | |
| If you do not have a student loan, please tell us why not. | | | | | | | | | |
| What is the amount of any other income you receive? | | | | | | | £ | | |
| Please describe any other income you receive | | | | | | | | | |
| **Total income per month?** | | | | | | | £ | | |
| What are your monthly outgoings, to include -  rent/mortgage payments, council tax, utility bills, travel costs, household expenses, e.g., food, laundry, repairs, insurances, etc.? | | | | | | | Term time Non-Term Time  £ £ | | |
| How much do you pay for tuition fees (if not paid by LEA/other sponsor)? | | | | | | | £ | | |
| How much are your study related expenses e.g., books, etc. | | | | | | | £ | | |
| Please describe your other expenses, to include clothing, socializing, sporting activities, additional tuition, etc., here: | | | | | | | | | |
| **Total expenditure per month?** | | | | | | | £ | | |
| **What is the approximate total value of any savings?** | | | | | | | £ | | |

**PLEASE TELL US OF YOUR OSBORN CONNECTION (IF APPLICABLE)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever been employed by the Samuel Osborn company/ and or any of the subsidiary companies named in the guidelines? | | | |  | |
| Have any of your family been employed by the Osborn group? | | | |  | |
| If ‘yes’, please tell us their name(s) and relationship to you: | | | | | |
| Please tell us which company you/member of your family worked for: | | | | | |
| What dates did you/member of your family work that company? | | Start Date  ………/………/……… | | | End Date  ………/………/……… |
| What was the location of your/family member work? | | | | | |
| What was the name of your/their department and the name of the foreman/manager? | | Department | | | Foreman/Manager |
| Please tell us of any other details you consider relevant that would link you to that company: | | | | | |
| **PLEASE DESCRIBE WHAT YOU WOULD LIKE THE OSBORN TRUST TO FUND** | | | | | |
|  | | | | | |
| **FINALLY** | | | | | |
| Have you received any help/support from our Foundation with the completion of this form? | | |  | | |
| If ‘yes’, please describe this help/support e.g., telephone conversation. | | | | | |
| Did you find the support useful? |  | | | | |
| How did you find completing this form? |  | | | | |
| How did you find the understanding of the ‘guidelines for applicants’ |  | | | | |
| **DECLARATION** | | | | | |
| 1. I certify that the information given in this application is correct. 2. If the information in the application changes in any way I will inform the Community Foundation. 3. I give permission for the Community Foundation to record the information in this form electronically and to contact me by telephone, mail or email, with information about the Foundation’s activities and funding opportunities. 4. I agree to abide by the conditions outlined in the guidelines for applicants. | | | | | |

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| **Your signature ………………………………………………………….…… Date …………..……………………**  **PLEASE ENCLOSE:**   * Any documentation that you may have to support your connection to the Samuel Osborn Company. * Confirmation that you are registered on your course of study. * A copy of a recent bank statement showing your account number and sort code, so that we can pay any grant awarded by BACS transfer. * Supporting documents, such as quotations or other evidence for purchase of equipment.   Please telephone **0114 242 4857** or email **grants@sycf.org.uk** if you have any queries or would like any help with your application.  Send your completed form and documents to:  **The Grants Team**  **South Yorkshire’s Community Foundation Ltd**  **The Campus**  **Pack Horse Lane**  **High Green**  **Sheffield S35 3HY** |