



**CONFIDENTIAL**

**GAMEKEEPERS WELFARE TRUST**

**EDUCATIONAL GRANT APPLICATION FORM**

**1. APPLICANT (STUDENT):**

<b>STUDENT APPLICANT DETAILS</b>	
Surname	
First Names	
Date of Birth	
Full Address	
Tel Number	
Mobile Number	
Email Address	
<b>CURRENT POSITION: ie: Working / At School</b>	
<b>Links with Gamekeeping: ie Currently working or helping a Gamekeeper or family involved in Gamekeeping</b>	
Working in Gamekeeping – Please provide name of employer	
Family involved in Gamekeeping – Please provide name of family members & employer	

<b>SPOUSE/PARTNER (If Applicable)</b>	
Surname	
First Names	
Date of Birth	
Full Address	
Marital Status	
Tel Number	
Mobile Number	
Email Address	

<b>Links with Gamekeeping: ie Currently working or helping a Gamekeepers or family involved in Gamekeeping</b>	
Working in Gamekeeping – Please provide name of employer	
Family involved in Gamekeeping – Please provide name of family members & employer	

**2. IF UNDER 18**

**Please provide Parent(s) OR Guardian(s) Particulars**

<b>Parent/Guardian (If Under 18)</b>	
Surname	
First Names	
Date of Birth	
Marital Status	
Full Address	
Tel Number	
Mobile Number	
Email Address	

### 3. REFERENCE

Please provide the name, address, email and Telephone number of 2 people who can provide personal references for you:

1. Your current school or college Tutor	
Name	
Address	
Tel No	
Email Address	
2. Person who has known you, or you have worked for (voluntary work or other)	
Name	
Address	
Tel No	
Email Address	

Any queries regarding a reference contact us on 01677 470180. We are here to help.

### 4. DETAILS OF COURSE

College	
Title of Course	
Start Date	
End Date	



## 6. FEES/OUTGOINGS OF THE HOUSEHOLD

Basic outgoings	£ Per Month
Rent (before benefit)	
Mortgage	
Council Tax	
House insurance	
Water rates	
Gas	
Electricity	
Solid Fuel	
Oil	
Food and essentials	
Clothing	
Telephone	
Television License	
Broadband/Sky subscriptions	
Car Tax	
Car Insurance	
Car fuel	
MOT and repairs	
Any other insurances	
Loans/HR	
Magazine/club memberships/subs	
Bus/train/taxi/travel costs	
Home help/care costs	
Medical	
Any other costs please explain and list	
<b>TOTAL</b>	

**7. ASSISTANCE REQUESTED (continue on additional sheet if necessary)**

<p>Nature of assistance requested  <i>(please give as much detail as possible including any estimates, also provide any relevant documents available to support your application, particularly the purpose of training)</i></p>

**8. ASSISTANCE RECEIVED OR APPLIED FOR FROM OTHER FUNDS**

NAME OF FUNDS APPROACHED	AMOUNT PROMISED
1	
2	
3	
4	

**9. DECLARATION** (to be signed by applicant or by a suitable representative)

I certify to the best of my knowledge that the information supplied above is correct and that I understand that any incorrect statement may be regarded as an endeavour to obtain help by deception.

Signature of Applicant.....

Signature of Parent/Guardian (If Applicable)

..... Date.....

**Please return to:** Mrs H Benson, Gamekeepers Welfare Trust Keepers Cottage Tanfield Lodge West Tanfield Ripon HG4 5LE Tel: 01677 47010. E mail: [enquiries@thegamekeeperswelfaretrust.com](mailto:enquiries@thegamekeeperswelfaretrust.com)

This is a confidential document and will only be shared with Trustees for consideration.