

# KETTERING OLD GRAMMAR SCHOOL FOUNDATION

## APPLICATION FOR A GRANT

1. FULL NAME OF PUPIL/STUDENT:

2. KETTERING ADDRESS:

Postcode:

Date of Birth:

Home Telephone/Mobile

E mail:

3. EDUCATIONAL HISTORY

(a) Primary and Secondary Schools Attended (give years attended for each school)

(b) Academic Qualifications (give grades)

4. REASON FOR APPLICATION:

(a) Higher/Further Education (state course) / Training (state course) /School Trip:

(b) Place

(c) Date(s)

(d) Cost of Course/School trip

(e) Details must be given if in receipt of other Grants/Donations/Scholarships. Re: Pupil Premium Please advise if part of this funding will be allocated to this trip:

Yes/No Amount:

### **ALL GRANT APPLICATIONS ARE ASSESSED ON FINANCIAL NEED**

**Financial circumstances are to be listed in this section:** e.g. Income Support; Working Family Tax Credit; Jobseekers Allowance, Disabled Living Allowance or other relevant information to support grant application.

5. SIGNATURE OF APPLICANT or SIGNATURE OF PARENT (if applicant under 18)

DATE:

**ALL APPLICATIONS MUST BE ACCOMPANIED BY A LETTER OF RECOMMENDATION FROM A SUITABLE SPONSOR (eg Headteacher/Course Tutor/Minister of Religion) TOGETHER WITH SUPPORTING DOCUMENTATION TO:**

**Mrs Margaret Swann, Clerk, KOGSF, 36 The Business Exchange, Rockingham Road, Kettering, NN16 8JX**

**E-mail: [admin@kogsf.org.uk](mailto:admin@kogsf.org.uk)**

**Tel/Fax: 01536 526404**

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