

**STRICTLY CONFIDENTIAL**

**CANON HOLMES MEMORIAL TRUST  
APPLICATION FOR GRANT 20 / 20**

Please complete this form and return it to the Secretary

Section A – Applicant

Full name of applicant .....

Parent or Guardian .....

Home Address .....

Town.....

Post Code ..... Telephone No. ....

E-mail Address: .....

Business Telephone No. ....

Profession/Occupation of Father.....

Profession/Occupation of Mother.....

Please give the names of any other charitable Trusts or organisations to which you have applied in respect of your current need

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If you are receiving any assistance with fees from any of these or other sources, please state source and amounts

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Section B - Child on whose behalf application is being made

Full Name .....

Date of birth .....

School currently attended .....

Address of School.....

Type of Place Boarding/Day .....

Entry date .....

Leaving date .....

Annual school fee .....

Section C - Any other dependant children

First child

First name(s) ..... Age at 1<sup>st</sup> September.....

If currently at school, name of school attended.....

If the school is fee-paying, annual school fee .....

If you are currently in receipt of any annual grant/scholarship/bursary etc. for this child, state source and amount

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Second child

First name(s) ..... Age at 1<sup>st</sup> September .....

If currently at school, name of school attended .....

If the school is fee-paying, annual school fee .....

If you are currently in receipt of any annual grant/scholarship/bursary etc. for this child, state source and amount

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Third child

First name(s) ..... Age at 1<sup>st</sup> September

Second child

First name(s) ..... Age at 1<sup>st</sup> September .....

If currently at school, name of school attended .....

If the school is fee-paying, annual school fee .....

If you are currently in receipt of any annual grant/scholarship/bursary etc. for this child, state source and amount

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<b>Section D - Annual Income and Expenditure of Parents</b>		
<b>Capital Assets</b>	Father	Mother
Cash balance at bank (average)		
Other savings or building society accounts		
Investments		
Insurance policies (surrender value)		
Value of property		
Insured value of household contents		
Insured value of car		
Other assets (please give details)		
<b>TOTAL</b>		
<b>Capital Liabilities</b>		
Outstanding mortgage		
Hire purchase debt		
Bank overdraft		
Other loans (including from family)		
Other liabilities (please give details)		
<b>TOTAL</b>		

<b>Annual Income</b>		
Taxable Income		
Gross salary		
Business profits		
DSS benefits		
Rental income (including lodgers)		
Income from any other source (please give details)		
<b>Non-taxable income</b>		
LEA grants		
Grants from other charities		
Allowances from parents or other family members		
Other non-taxable income (please give details)		

<b>TOTAL</b>	

<b>Annual expenditure</b>	<b>Father</b>	<b>Mother</b>
Mortgage repayments		
Rent		
Council Tax (net of rebates)		
Water rate		
Electricity		
Gas		
Telephone		
TV rental/licence		
Motor running expenses		
Insurance - life		
Insurance - property		
Income tax		
Household expenses incl. food and clothing		
Repairs to property		
Holidays		
School/University/College fees		
Regular outgoings on travel costs		
Credit card and HP interest payments		
Any other expenditure not included above		
(please specify)		
<b>TOTAL</b>		

Please give below any further information about your family or financial circumstances which you feel may be useful to the Trust in helping them to assess your application, in particular the reasons for your applying to the Trust for assistance. (Continue on a separate sheet if necessary).

Please provide the name and address of one referee who could be contacted by the Trust to write in support of your application. This referee should not be associated with the school in any way.

**DECLARATION**

I declare that, to the best of my knowledge and belief, the information on this form is correct and that, in the event of there being any changes in detail, I undertake to inform the Secretary of the Trust without delay.

Signed .....

Date .....

Please return to: The Revd. Canon John D. Brown,  
556 Galleywood Road, Chelmsford, CM2 8BX      Tel: 01245 - 358185

NB. The information given on this form is for the use of the Trustees only and will not be divulged to any other party whatsoever.

In line with the Data Protection Act the Trust reserves the right to retain this information until such time as any grant agreed has expired.