

FOR OFFICE USE
APPLICATION NUMBER



Application for an Award from the Sarah Cowley Educational Foundation

The Council of the Borough of St. Helens, as Trustees of this Foundation under a scheme made by the Secretary of State, is able to give discretionary financial assistance to boys and girls living in St. Helens in accordance with the terms of the Scheme. The Scheme provides that the available income should be expended 'for the benefit of boys and girls **resident in the Borough of St. Helens** by assisting their education or training, including post-graduate study, at a University or other place of learning or to enable them to prepare for, or to assist their entry into, some profession, trade or calling, and for that purpose may provide them with outfits, clothing, tools, instruments or books'. Applicants should normally be under the age of 25 years on 1st September prior to the start of their course.

Grants under the Scheme will not be made in cases covered by the arrangements of the Local Authority for the award of Scholarships and other benefits under the Education Acts.

The Trustees of the Foundation will consider making grants from the available income for such purposes as:

- Attendance at a University including post-graduate work, second degrees, research, etc;
- Attendance at Further Education Institutions for courses in a variety of subjects such as Physiotherapy, Speech Therapy, Music, Art, Social Studies and the like;
- To assist entry into some trade, profession or calling.

The Trustees will not normally consider making grants to applicants who have previously embarked on some other career.

Enquiries concerning the completion of this form should be made to the Children & Young People's Services Department, Finance Section, Atlas House, Corporation Street, St. Helens WA9 1LD. Telephone (01744) 671816/671829. Please return completed application forms to the above address by 30th September if possible, or as soon as possible after the start of your course.

About Yourself (The Student)

Surname

Forenames

Title Mr. Mrs. Miss Ms (please tick) Date of Birth

Home address

Postcode Telephone no.

Date first resident at above address

Are you Single Married Widowed Divorced Separated

Or are you living together as Husband and Wife?

Date of marriage

Age on 31st August prior to the start of the academic year years

Have you ever lived outside the United Kingdom? YES NO (please tick)

If 'YES', please give last date of entry to the United Kingdom

Have you applied for an E.M.A/16-19 bursary? YES NO (please tick)

Course Details

Name of proposed College/University

Campus

Qualification to be awarded (e.g. GNVQ, BTEC, City and Guilds, etc.)

Title of Course in full (e.g. BTEC National Computer Studies)

Start date End date Total length of Course

Type of Course * Full-time * Part-time * Other (* Please tick one box)

THIS FORM MUST BE COMPLETED AND STAMPED BY THE PROPOSED COLLEGE OR YOUR AWARD LETTER SHOULD BE PROVIDED AS EVIDENCE THAT YOU HAVE A PLACE ON THE COURSE DETAILED ABOVE.

The above named student has satisfied all conditions for admission and has been promised a place on the course shown above.

SIGNED REGISTRAR/
STUDENT SERVICES

NAME (BLOCK LETTERS)

Official Stamp

Subjects to be studied whilst on the course. (Please list whether City and Guilds, GCSE or 'A' Level standard etc.)

1.
2.
3.
4.
5.

Please state how many days you will be attending College per week days

DECLARATION OF INCOME (The declaration must be completed by ALL applicants if there is to be no unnecessary delay in dealing with individual applications.)

	STUDENT	* FATHER	* MOTHER	* SPOUSE
Full names of Student, parents and/or spouse				
State if divorced, separated, widowed, single etc., and if step-parent				
Profession or Occupation				
Name and address of Employer (if any). Please state if unemployed.				

SECTION 1

Details of children who are dependent on *Father/Mother/Spouse

NAME OF DEPENDANT	DATE OF BIRTH	SCHOOL/COLLEGE, IF ATTENDING

*N.B. If Student is married, his/her spouse's income must be declared in preference to Parental Income and dependent children shown should be the Student's own children.

SECTION 2

ESTIMATED WEEKLY INCOME FROM ALL SOURCES (YOU MUST ENTER NONE AGAINST ANY HEADING UNDER WHICH THERE IS NO INCOME TO DECLARE). PLEASE PROVIDE CONFIRMATION OF ANY INCOME DECLARED.	GROSS WEEKLY INCOME					
	STUDENT		FATHER		MOTHER	
	£	p	£	p	£	p
1. Income from Employer (N.B. Please provide most recent payslip) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?						
2. Working Tax Credit/Child Tax Credit (N.B. Please provide confirmation) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?						
3. Child Benefit Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?						
4. Income Support/Income-Based Jobseeker's Allowance (N.B. Please provide sight of book) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?						
5. Invalidation/Incapacity Benefit (N.B. Please provide sight of book) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?						
6. Contributory Jobseeker's Allowance (N.B. Please provide confirmation letter) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?						
7. Pension from Employer, or income from Charitable Organisation (N.B. Please provide most recent advice slip) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?						
8. Retirement Pension (N.B. Please provide sight of book) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?						
9. Widow's Pension (N.B. Please provide sight of book or letter) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?						
10. Maintenance Allowance or Order (N.B. Please provide CSA agreement or court order) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?						
11. Bank, Building Society Interest and/or other investment income (please specify) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?						
12. Other income (please specify) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?						

OFFICE USE ONLY	Benefit books seen and photocopies taken	Signed:
		Date:

SECTION 3

Are the Student's parents (or spouse, if applicable) in receipt of any of the following benefits?

Housing Benefit Yes No

Council Tax Benefit Yes No

Please provide confirmation of Housing Benefit/Council Tax Benefit unless you have already supplied confirmation of Income Support, Income-Based Jobseeker's Allowance or Working Families' Tax Credit.

SECTION 4

1. Is **the Student** in receipt of any Social Security benefits, e.g. Income Support, Income-Based Jobseeker's Allowance, Severe Disablement or Disability Living Allowance while attending the course? Yes No

2. Has **the Student** applied for any other financial awards or sponsorship, e.g. E.M.A. Award, 16-19 bursary, college bursary or assistance through the Learner Support Fund? Yes No

If 'Yes' to any of the above, please state weekly amount, source of income and **PROVIDE CONFIRMATION.**

SECTION 5

PLEASE GIVE DETAILS OF ASSISTANCE REQUIRED IF YOUR APPLICATION IS TO BE CONSIDERED. If you fail to fill in this section, your application will be returned to you for completion. Please enter N/A against any heading with which you do not require assistance.

a)	Tuition and Examination fees (per annum)
b)	Travel (cost per day)
c)	Equipment (please state the items required, the cost of each item and <u>provide a letter from the college to confirm the items are essential</u>)
	1. 2.
	3. 4.
d)	Books (cost)
e)	Field Trip cost (please provide a letter from the college to confirm attendance is part of your course)
f)	Other (please state)

TOTAL COST OF ASSISTANCE REQUIRED £	

SECTION 6

Education

a) Have you attended any full-time courses of further or higher education since you left school? Yes No

b) Have you been awarded an honours degree from a UK university? Yes No

If you answered 'Yes' to either 'a' or 'b', please give course details below.

Title of Course	Name of University or College	Date you started		Date you left		Did you finish the course?
		MONTH	YEAR	MONTH	YEAR	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you did not finish any course listed above, why was this?

SECTION 7

Particulars of any employment since leaving school

SECTION 8

Profession or trade which Student intends to enter

CERTIFICATE

I certify that I have resided in St.Helens since and that the information set out in this form is correct to the best of my knowledge and belief, and I undertake to inform the Trustees of any change in my circumstances as set out above. I understand that the Trustees may take whatever steps may be appropriate to verify the information supplied by me.

Date Signed

Student

STUDENT'S CHECKLIST

1. I have completed all sections. Yes
2. I have enclosed a letter from College confirming equipment needed is essential. Yes
3. I have provided a letter from College confirming Field Trip is part of my course. Yes
4. I have provided confirmation of income. Yes
5. I have signed the declaration. Yes
6. Student Services have signed and stamped the application, or have provided other evidence to confirm I have been promised a place on the course detailed on page 1 of this form. Yes

Data Protection Act 1998:

The information provided on this form will be processed in accordance with the requirements of the Data Protection Act 1998. It will be treated as confidential and used only for the purpose of processing your application for assistance from the Sarah Cowley Educational Foundation. This Local Authority is under a duty to protect the funds it handles and may use the information you have provided on this form to prevent and detect fraud. It may also share this information, for the same purposes, with other organisations which handle public funds.



St.Helens Council offers a translation and interpretation service covering foreign languages, British Sign Language, Braille and audio tape.

For a translation of any St.Helens Council publication, please provide your name and address and the name of the language you require to the Contact Centre, quoting the title and/or reference number of the document.

Contact Centre

Wesley House,
Corporation Street,
St.Helens WA10 1HF

Tel: 01744 676789

Minicom: 01744 671671

Fax: 01744 676895

Email: contactcentre@sthelens.gov.uk

www.sthelens.gov.uk

PAYMENT DETAILS

OFFICE USE ONLY							
Payments made Details	AMOUNT		DATE SENT FOR APPROVAL		DATE APPROVED		FINANCIAL YEAR
	£	P	INIT	DATE	INIT	DATE	