ESDAILE TRUST ('The Trust')

(Incorporated by Order in Council 1969) Scottish Charity Number: SC006938

APPLICATION FORM FOR STUDENT GRANT

Objectives of the Society

To provide grants to assist in the education of daughters of Ministers of the Church of Scotland, of Deaconesses of the Church of Scotland or widows and of Missionaries appointed or nominated by the Overseas Council of the Church of Scotland. Daughters should normally be between 12 and 25 years of age. Preference is given to families with a low income.

To apply for a grant a parent or guardian ('The Applicant') should submit the accompanying application fully completed. In particular, the amount of the family income should be accurately stated and its sources detailed. Where application is made on behalf of more than one member of the family, a separate form should be completed for each, but particulars common to all members of the family need only be inserted in one of the application forms.

Grants are made for one year only. Should a renewal of the grant be desired an application form must be lodged each year.

Grants are made for one year only. Should a renewal of the grant be desired an application form must be lodged each year.

A report may be requested on how the grant has been used and the achievements of the beneficiary.

Timetable:

- Applications for grants must be lodged by 31 May.
- You will be informed of the result of your application by mid-September.

This application form should be returned to:

Charities & Administration Services Azets Exchange Place 3 Semple Street Edinburgh EH3 8BL

Or by email to <u>SM-Charity@azets.co.uk</u>

ESDAILE TRUST ('The Trust')

STUDENT GRANT APPLICATION FORM

SECTION 1 - To be completed by the Student

Applicant's full name:	
Date of Birth:	
Permanent address:	
	Email address: Tel No: Mobile phone number:
University/College to be attended during the year:	
Subject to be studied:	
Degree/Qualification to be gained:	
Year of course, e.g. 2 nd year of 4 year course:	
Is this in preparation for Ministry or mission work of Church of Scotland:	YES/NO
If studying in England, reason for choice of this University/College:	
Have funds been received for educational purposes from this Society previously? If so please indicate	YES/NO
relevant academic years and course studied.	
What would studying this course (being applied for) enable you to do that you could not otherwise do?	

SECTION 1 (Cont'd)	STUDENT GRANT APPLICATION FORM			
Income of Applicant (and/or Spouse/partner):	1. Employment:	Self: Partner:	amount pa: amount pa:	£ £
			pa: pa:	£ £
	3. Income Support		pw:	£
	4. Housing Benefit		pw:	£
	5. Any other State p	payments	pw:	£
	6. Other bursaries and grants (please state which)		pa:	£
			pa:	£
	7. Approximate inco	ome from		
	Dividends		pa:	£
	Bank Inter Other	est	pa: pa:	£ £ £
			F	_
	8. Any other income	e	pa:	£
Capital of Applicant (and/or spouse/partner):	Please indicate approximate value of:			
	Investments		pa:	£
	Bank Deposits		pa:	£
	Building Society	Deposits	pa:	£
	Other		ра:	£
Details of parent who is minister of the Church of Scotland:	Name of Mother/Father:			
	Address:			
	Charge or appointment:			

SECTION 1 (Cont'd)	STUDENT GRANT APPLICATION FORM
Other Relevant Information:	
DECLARATION:	

I confirm that the information given is correct to the best of my knowledge and belief, the information given in this application is true. I understand the information will be used to assist the Society in proceeding with this application and I hereby give consent to its use for that purpose.

Signature of Applicant Date

13.BANK DETAILS

Your payment will be transferred directly to your bank account. Please provide your bank details:

Name:	
Name of	
Bank:	
Account	
Number:	
Sort Code:	

* It is your responsibility to provide correct bank details. The Trust takes no responsibility for funds not received due to an error in information provided.

STUDENT GRANT APPLICATION FORM

Family Income per annum:	Ministers' gross stipend or salary:			£	
annum.	Ministers' gross income from investments or savings:			£	
	Spouses/partners gross or salary:	come	£		
	Spouses/partners income from investments:				
Additional Income per					
annum:	HM Forces:			£	
	Broadcasting fees:			£	
	Literary work:			£	
	Royalties:			£	
	Tutorial or teaching fees	utorial or teaching fees:			
	Any other service:			£	
Pension(s) per annum:	Retirement pension			£	
Other children being educated:	Name:	Age:	Educational Establishment:		
DECLARATION:					
I confirm that the information given is correct to the best of my knowledge and belief, the information given above is true. I understand the information will be used to assist the Society in proceeding with this application and I hereby give consent to its use for that purpose.					
Signature of Parent/Guardian					

SECTION 2 - To be completed by Parent/Guardian where the student is under 25 years old