



Private & Confidential
BILLERICAY EDUCATIONAL TRUST

Administered by the Great Burstead Exhibition Foundation
APPLICATION FOR FINANCIAL ASSISTANCE

Please submit completed forms to: Ms M Gordea, Clerk to the Trustees
c/o The Billericay School, School Rd, Billericay CM12

Or attach form and send by email to: mgordea@billericayschool.com

The Application form is to be received by 1st June for each year.

Annual grants will be paid in 3 equal termly instalments, as follows:

Autumn term : by end of October (provided the university/college admission has been confirmed by that time)

Spring Term : mid February

Summer Term: mid May

Full Name: _____

Date of Birth: _____ Age last birthday: _____

Permanent Address: _____

Post Code: _____

Telephone Number - Landline: _____ Mobile: _____

Email Address of Applicant: _____

Current School: _____

Subjects and Expected _____

Results Year 13: _____

HE/FE COURSE DETAILS

Name of Education Institute: _____

Start Date: _____

Completion Date: _____

Name and level of course: _____

(e.g. B.Sc Molecular Biology, BA English)

FINANCIAL NEEDS

Please give a brief outline of expenses for which assistance is required (e.g. transport costs, equipment, etc) _____

Please provide details of any other scholarships, grants or other sources of income you might receive whilst studying, together with estimates of amounts expected and period of availability (i.e. single grant, termly or annual grant): _____

Student Earnings:

Are you currently employed in any capacity? Yes No

Nature of work / employer: _____

Approx. Annual Earnings: _____

Do you intend to seek employment whilst at university or college: Yes No

INCOME

Please list the other residents of your household. :

Name:	Relationship to Applicant:	Age (if under 18):
	<i>E.g. mother, step-father</i>	
_____	_____	_____
_____	_____	_____
_____	_____	_____

A. Annual Income:

Please provide details of total **annual** household income (before deduction of tax, pension or national insurance contributions) for the **current** financial year.

Earned Income: _____ **Private Pension(s):** _____

B. Housing Benefit:

Does anyone in the household receive housing benefit or subsidised housing?

Yes No If yes please state annual amount: _____

C. State benefits:

Does the household receive any of the following benefits? Where "yes" please state annual amount.

Widow's pension	Yes	No	Annual Amount: _____
Age related Pension	Yes	No	Annual Amount: _____
Other State Benefits *	Yes	No	Annual Amount: _____

*This to include tax credits, disability allowances, income support, carer allowances, universal credit or any other benefit. It will be assumed that all parents/guardian's receive child benefit. - This therefore need NOT be listed.

D. Other Income:

Please give details of any other annual income received, such as maintenance payments, rental income from lodgers, unearned income e.g. interest/dividends

Description: _____	Amount: _____
_____	_____

TOTAL HOUSEHOLD INCOME PA £ _____

(please add all income listed under A, B, C and D)

EXPENSES

Rent p.a:	_____
Mortgage repayments:	_____
Other commitments:	_____
 Description:	 _____

Please give details of any other non-standard expenses such as child support, maintenance payments. (Please note that general household expenses need NOT be listed).

OTHER INFORMATION

Any other information in support of your application should be sent in an accompanying letter. Please note however that there will be an opportunity to give further details at the interview should you feel this is necessary.

DECLARATION

Beneficiaries of Trust funds must be under the age of 25 years, reside within six miles of the centre of Billericay, and in the opinion of the Trustees, be in need of financial Assistance.

DECLARATION TO BE SIGNED BY APPLICANT

I declare that to the best of my knowledge and belief the information above is a correct statement and I undertake to inform the Trust of any change in circumstances or the details given.

Signature: _____ Date: _____

STATEMENT BY PARENTS IN SUPPORT OF APPLICATION

I/WE support this application, being unable to provide all the financial assistance which will be required to support my son/daughter in his or her studies.

I/WE declare that to the best of my/our knowledge and belief all the particulars here submitted are true and relate to my/our income from all sources during the period.

Signature: _____ Date: _____

Signature: _____ Date: _____

GENERAL CONDITIONS

The Trust/Trustees decisions on all matters pertaining to any award is at their sole discretion & all their decisions are final.

Awards are made on an annual basis; therefore an award made in one year is not a guarantee of further grant or similar grant in future years.