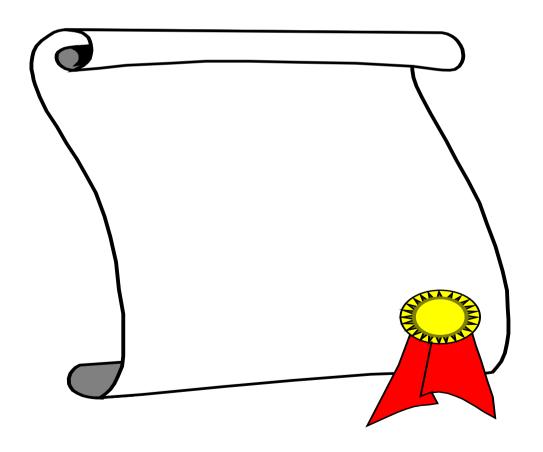
TRING CHARITIES MILLENNIUM EDUCATION FOUNDATION

Student Application Form For Financial Assistance

The Millennium Education Foundation (MEF) was founded in 1999 and aims to provide financial support for students in Further Education. To be eligible for financial support, students should currently be living in Aldbury, Long Marston, Marsworth, Pitstone, Puttenham, Tring, Wigginton or Wilstone and be under 22 years of age at the commencement of the Academic Year to which the assistance applies.

The MEF is administered by the Trustees of Tring Charities – referred to as "Trustees" in this Application Form.



CLOSING DATE: 15TH NOVEMBER
LATE APPLICATIONS WILL NOT BE ACCEPTED

TRING CHARITIES MILLENIUM EDUCATION FOUNDATION

Note:Please read these Guidance Notes to help you complete the form

APPLICANTS

- Must live in Aldbury, Long Marston, Marsworth, Pitstone, Puttenham, Tring, Wigginton or Wilstone
- Must be under 22 years of age at the commencement of the Academic Year for which assistance is being sought

PARENTS/GUARDIANS – If for any reason you do not live with both your parents, please explain precisely what your circumstances are. You should give details of any financial support you may receive from an absent parent/guardian and any other source. Your parents/guardians are required to counter-sign Part 1 of this form, confirming the information you provide, and to complete, sign and take full responsibility for Part 2 of this form.

FAMILY INCOME – The Trustees will ask to see written evidence of all income. In the event that you live with your parents/guardians, but receive no financial support from them, please note that the Trustees still require the information about their income, as requested in Part 2 of this form.

ANTICIPATED EXPENSES – Please give as much detail as you can about the expenses you believe will be incurred e.g. accommodation, books, equipment, course fees, travel etc. If it is possible to support this with written evidence from your proposed College or University, then please enclose such evidence.

GENERAL NOTES

- An offer of an award will be considered only if you achieve the required entry qualifications, and obtain the desired higher/further education place.
- The names and addresses of TWO REFEREES are required. These should be people
 who know you well, and who are prepared to provide a reference. One reference is
 required as to academic ability (e.g. teacher or employer) and one for personal character
 (not a relative). Please ensure that your Referees are aware that they will receive a
 reference request from the MEF Selection Panel.
- All information received will be treated in strictest confidence, and held securely.

Any application received without all the required information, or paperwork, will not be considered.

<u>Please return Part 1 and Part 2 fully completed, along with any supporting documents,</u> by 15th NOVEMBER to:

Mrs Elaine Winter
The Secretary to the Trustees of Tring Charities
21 Bunyan Close
Tring
Hertfordshire HP23 5PS

TRING CHARITIES MILLENNIUM EDUCATION FOUNDATION Part 1

Please use black or dark blue ink and PRINT CLEARLY

1. Applicant's Personal	Details		
Title:(Mr/Mrs/Miss/Ms/Other)			
Surname:			
First Names:			
Address:			
Post Code:			
Telephone Number:			
E Mail:			
Date of Birth:			
2. How long have you li Pitstone, Puttenham,3. Schools Attended			
Name of School	From		То:
Name of School	Froii	1.	10:
4a. Academic Achieven	nents		
	nents	Grades and Da	tes:
4a. Academic Achieven Examinations passed:	nents	Grades and Da	tes:
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4b. Academic Achievements

Examinations to be taken:	Dates:
5. Purpose for which Financial Assi	stance is being sought
Full details of proposed course of st	
length and dates etc.):	
	ional Establishments, and entry
Names of top three preferred Educat requirements (if known)	tional Establishments, and entry
	ional Establishments, and entry
	tional Establishments, and entry
	tional Establishments, and entry
	tional Establishments, and entry
	tional Establishments, and entry
	tional Establishments, and entry
requirements (if known)	

7. Particulars of Anticipated Expenses

Category	Enter (E) if estimate	£ per academic
	estimate	year
Accommodation		
Books & Equipment		
Course Fees		
Travelling Expenses		
Food		
Other (please specify)		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	TOTAL =	
8. Is Financial Assistance being obtained or so source e.g. relatives, friends, sponsors, othe organisations?	•	•
Yes No		
If Yes, please provide details below:		
9. Details of your income after tax, for last 12 months		
	N	et Per Year
		£
Earned income		
Interest/savings/investment income		
Other (please specify)		
TOTAL	=	

10. Details of Referees, who have known you for at least 3 years. One reference is required as to your academic ability (e.g. teacher or employer) and one for your personal character (not a relative)

Name	Address	S		Relationship to applicant	
				аррисан	
11. Details of Parents/	Guardian	IS			
Name	Address	8		Occupation	
12. Where did you hear about the Millennium Education Foundation?					
My School			A friend or re	elative	
Tring Information Centre			Leaflet in the Library		
Village Newsletter			Dacorum Council for Voluntary Service Newsletter		
Tring & District Residen Association Newsletter	ts'		Gazette Community Page		
Other (please specify)					

13.	Please provide any other information relevan	t to your application
con all s <u>Part</u> pare	EASE NOTE: No application for financial assist sidered by the Trustees, unless <u>full</u> information sources of income, other grants, earnings etc. to 2 of this application form is duly completed the ents/guardians. Any information given and four the application and/or assistance given number any monies involved repayable.	on is given concerning Please ensure that by your and to be false, may
Sigr	ned (Applicant)	Date
	nter-signed rent or Guardian)	_Date

TRING CHARITIES MILLENNIUM EDUCATION FOUNDATION Part 2

To be completed by Parents/Guardians

In order for the Millennium Education Foundation to direct its resources to the most needy, the Selection Panel requires full details of your financial circumstances in support of the application being made by your son, daughter or ward. Tring Charities undertakes that this part of the application form will only be seen by those involved in the selection process, and the information will not be divulged to any other person. You may return this part to the Secretary under separate cover if you wish. The declaration on page 10 should be signed by both individuals whose names are given at (1) and (2) below. If your son, daughter or ward is considered for financial assistance, a representative will visit you at your home to confirm the details given.

1. Particulars of	person completing	Part 2 of this for	·m
Name	Address	Telephone number	Relationship to applicant
			претовите на притовите на претовите на претовите на притовите на прито
2. Particulars of	your spouse/partn	er	
Name	Address	Telephone number	Relationship to applicant
3. Details of you	r Family/Dependan	its	
	der 18 years		
	nes		Age
Children over 18	years in full time		
	r than applicant)		
Names			Age
Others living at home with you,			
	t of a wage or not		
Names			Age
		7	

CONFIDENTIAL How long have you lived in Aldbury, Long Marston, Marsworth, Pitstone, Puttenham, Tring, Wigginton or Wilstone?

	Years
Self	
Spouse/Partner	

4. Please give details of your income, after Income Tax and National Insurance:

	INDIVIDUAL at (1) page 7 Monthly £ Net	INDIVIDUAL at (2) page 7 Monthly £ Net
Salary		
Working Tax Credit		
Savings/Investment Income		
State Retirement Pension		
Other Pension (please specify)		
Pension Credit		
Contribution from people living in your house		
Income Support		
Incapacity Benefit		
Job Seekers Allowance Disability Living Allowance		
Care Higher () Middle () Lower ()		
Mobility Higher () Lower ()		
Attendance Allowance Higher () Lower ()		
Carers Allowance		
Severe Disablement Allowance		
Other Allowances/Benefits (please specify)		
Voluntary financial assistance from family or friends		
Other Income		
TOTALS		

6. Please give details of any capital/savings:

£	Where invested
17	Bank Account
	Building Society
	Property (including the estimated
	value of your home, less any
	mortgage)
	Other (please specify)

7.	Are you, or your spouse/partner, likely to be a beneficiary of any	,
	financial settlement within the next 5 years? E.g. inheritances, g	ifts.

If yes, how much would you estimate this sum to be? £

8. Please give details of all major fixed expenditure:

EXPENDITURE	MONTHLY
LAI LIIDITORE	
	£
Mortgage	
Rent	
T COM	
Council Tax	
Utility costs (electricity, gas and water)	
Stiffy cools (clockfolly, gub and water)	
Insurance (House and/or Car)	
General household expenses (food etc.)	
Constant transcenting expenses (recall every	
Travel expenses (petrol etc.)	
Loans (other than mortgage)	
3 3 7	
Other – please specify	
TOTAL	
	l.

DECLARATION

I/We certify that the information given above is true, accurate and complete.

I/We agree to Tring Charities making any further enquiries that may be necessary in connection with this application for financial assistance, either of me/us or any third party. I/We undertake to provide documentary evidence to confirm the information provided here, when requested.

I/We understand that, should any information given be found to be false or incomplete, this may render this application null and void, and I/we undertake in such circumstances, and on the request of the Trustees, to repay immediately all monies paid to the applicant by the MEF.

I/We agree to inform Tring Charities immediately of any significant changes to the information I/we have provided here.

Signed (Parent/Guardian)	Date	
(, <u>.</u> ,		
0.	D (
Signed (Parent/Guardian)	Date	