The Fisher Parkinson Trust

Grant Application Form for Students

Applications for student grants from The Fisher Parkinson Trust should be made on this Application Form and returned to the address on the bottom of the form.

Section 1 – Basic funding criteria

Before completing this application form please ensure you can answer "Yes" to the following four questions to check you are eligible for consideration. Any applicant that fails to answer "Yes" to all these questions will be rejected. NB Answering "Yes" does not mean a grant will automatically be given.

		Y/N
1	Will you be aged between 16-20 years of age on the date of your application?	
2	Have you been a past pupil of Thomas Eaton Primary School, completed section six of	
	this form and had it endorsed by the current Head Teacher?	
3	Have you already enrolled for tuition with an appropriate training provider and completed	
	section six of this form?	
4	Are you able to state that you have not already received a Student Grant from the Fisher	
	Parkinson Trust?	

Section 2 – All about you		

1.1 Contact details:

Your full name			Date of Birth	
Address for correspondence	Postcode:	Your Email:		

1.2 What qualifications do you currently have?

Subject	Year passed	Qualification	

Section 3 - Tell us about the course or training you are undertaking

3.1 Course details

What is the name of the course or qualification?	
When did you start this course or training?	
When will the course or training finish?	

The Fisher Parkinson Trust What is the name and address of the Further Education College or training provider? Section 4 – What would you use the grant for? 4.1 If we are able to give you a grant please tell us what you would use the money for: **Section 5 – Declaration** I confirm that the information given above is correct. If the information changes, I will inform the Fisher Parkinson Trust. I give permission for the Fisher Parkinson Trust to record the information on this form electronically and to contact me by mail or email about this application and to contact the college or training provider if necessary: Signature: Date: **Section 6 - Confirmation** Confirmation by Thomas Eaton School Signed...... Capacity..... Date.....

Course

Duration Name of Provider

Contact Address

Signed Capacity Date

Completed Form should be returned to: The Fisher Parkinson Trust, 23 Dartford Road, March, Cambs, PE15 8AN. You will be notified in writing by the end of the year of the Trusts decision on your application.

Copy of The Fisher Parkinson's Privacy Policy available on request from the above address.

Confirmation by College or Training Provider

I confirm that the applicant has enrolled for the course detailed below: