



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.

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

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

Enquiries concerning the completion of this form should be made to the People's Services Department, Finance Section, 1st Floor, Gamble Building, Victoria Square, St.Helens, Merseyside WA10 1DY. Telephone (01744) 671816/671829. Please return completed application forms to the above address by 31st October if possible, or as soon as possible after the start of your course.

About yourself (the student):

Surname: _____ Title: Mr/Mrs/Miss/Ms

Forenames: _____ Date of Birth: ____/____/____

Home address: _____

Postcode: _____

Telephone number: Home: _____ Mobile: _____

Are you: Single Married Widowed Divorced Separated

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

Have you applied for a 16-19 bursary? Yes No

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

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) _____



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

**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): £ Days per week: Weeks: Total:

c) Equipment (please state the items required and the cost of each item)

1.
2.
3.
4.

How does this support your studies?

d) Books (cost):

How does this support your studies?

e) Field Trip (cost):

How does this support your studies?

f) Other (please state):

How does this support your studies?

TOTAL COST OF ASSISTANCE REQUIRED: £

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				
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		SPOUSE	
	£	p	£	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 confirmation) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?								
5. Employment and Support Allowance (N.B. Please provide confirmation) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?								
6. Contributory Jobseeker's Allowance (N.B. Please provide confirmation) 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 confirmation) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?								
9. Widow's Pension (N.B. Please provide confirmation) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?								
10. Universal Credit (N.B. Please provide confirmation) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?								
11. Other income (please specify) Yes <input type="checkbox"/> No <input type="checkbox"/> How Much?								

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

Housing Benefit Yes No

Amount (£ per annum):

Council Tax Reduction Yes No

Amount (£ per annum):

Please provide confirmation of Housing Benefit/Council Tax Reduction.

SECTION 3

Particulars of any employment since leaving school

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SECTION 4

Profession or trade which Student intends to enter:

CERTIFICATE

I certify that I reside in St.Helens during non term time 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.

Signed: Date:
Student

STUDENT'S CHECKLIST

- | | | | |
|----|--|-----|--------------------------|
| 1. | I have completed all sections. | Yes | <input type="checkbox"/> |
| 2. | I have provided confirmation of income. | Yes | <input type="checkbox"/> |
| 3. | I have signed the declaration. | Yes | <input type="checkbox"/> |
| 4. | 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 | <input type="checkbox"/> |

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

Contact Centre

Wesley House
Corporation Street
St.Helens
WA10 1HF

Tel: 01744 676789

Minicom: 01744 671671

→ www.sthelens.gov.uk/contactus

Please contact us to request translation of Council information into Braille, audio tape or a foreign language.