



London Diocesan Board for Schools

Diocesan House, 36 Causton Street, London SW1P 4AU

Telephone: 020 7932 1100

Fax: 020 7932 1111

Website: www.london.anglican.org/schools

CITY & DIOCESE OF LONDON VOLUNTARY SCHOOLS FUND

APPLICATION FOR AN INDIVIDUAL GRANT

Please return
the completed
form to:

Finance Officer
London Diocesan Board for Schools
36 Causton Street
London, SW1P 4AU
Telephone: 02079321168
Email: dee.thomas@london.anglican.org

- Please note:
- 1) Application should be completed in hand writing with black ink.
 - 2) Applicants over the age of 16 must fill in their own form.
 - 3) For applications in respect of pupils below the age of 16, the parent/guardian should fill in the application on behalf of the pupils.
 - 4) Two references must be sent with the completed application. We may contact referees for further information if required.
 - 5) Application for grant for school journey which is part of a school's group journey should be made by the School using Group grant application form.
 - 6) As it will be several weeks before you receive any reply to your application, please apply well in advance.
 - 7) Retrospective applications will be not considered.
 - 8) The age limit for applicants is 25.
 - 9) Applicants must have attended a Church of England School within the Diocese of London for at least two years.
 - 10) Only one application per year is permitted.
 - 11) Please **complete all sections of the form** with as much details as possible as incomplete applications will not be considered.
 - 12) Payment of grant will be by direct transfer into the applicant's bank account.

APPLICANT'S (PUPIL'S) PERSONAL DETAILS

First Name:	Surname:	Date of Birth:
Address:		Age:
Email:		Tel:
Name and address(es) of Church of England School(s) attended:		Dates attended:

Briefly outline the reason for your application for financial help including relevant family circumstances: (You may, if you wish, submit a supporting letter from your parents with this application).

NAMES OF TWO REFEREES

Please note that referees should not be parents, relatives or friends. One of the referees should be your headteacher, your head of year or your tutor or someone of similar standing.

Title:	First Name:	Surname:
Address:		Position:
		Telephone No:

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Address:		Position:
		Telephone No:

Payment of grant will be by direct transfer into your bank account (BACS). Please give details of your bank account to which grant payment should be made.

Name of Bank:	A/C Name:	A/C Number:	Sort Code:

Data Protection Act

In our effort to help pupils of Church of England Schools in the Diocese of London, we may seek the assistance of other similar Trusts and Charities either connected or known to us so that they can make grants directly to you based on the information given you in your application to us. But we need your permission to pass your information to them.

I / We wish / do not wish to give my/our permission to pass or share information about my/our application for grant only for the purposes of grant making.

Signature of Applicant/Parent/Carer

Date

Last updated on 17 March 2009

**LONDON DIOCESAN BOARD FOR SCHOOLS
CITY & DIOCESE OF VOLUNTARY SCHOOLS FUND
REFERENCE FOR AN APPLICANT APPLYING FOR A GRANT**



Confidential
(This form should be completed by the 1st Referee)

Name of Referee:
Position of Referee:
Address of Referee:
Contact Telephone:
Name of student applying for an award/grant:
Purpose for which the grant will be used:
Amount of grant being requested: £
Your relationship to the student:
How long have you known this student?
Whether you consider the student will be able to make good use of a grant, if made?

Whether you consider this student should be given preference for an award due to financial need?

Any other information which you feel will be helpful to the Trustees when they consider the application:

Please note that this reference should be placed in a sealed envelope and given to the applicant (student/family/school) in order that it can be included with the application form. It should not be sent to LDBS separately.

Please also note that the information given in this form may be shared between or passed on to other charities either known to us or connected to us for the purpose of grant making in the case of insufficient funds available to make grant from this trust. By signing hereunder, you are giving us permission under Data Protection Act.

Signature of 1st Referee

Date

**LONDON DIOCESAN BOARD FOR SCHOOLS
CITY & DIOCESE OF VOLUNTARY SCHOOLS FUND
REFERENCE FOR AN APPLICANT APPLYING FOR A GRANT**



Confidential
(This form should be completed by the 2nd Referee)

Name of Referee:
Position of Referee:
Address of Referee:
Contact Telephone:
Name of student applying for an award/grant:
Purpose for which the grant will be used:
Amount of grant being requested: £
Your relationship to the student:
How long have you known this student?
Whether you consider the student will be able to make good use of a grant, if made?

Whether you consider this student should be given preference for an award due to financial need?

Any other information which you feel will be helpful to the Trustees when they consider the application:

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Signature of 2nd Referee

Date