

Dorothy King Charitable Trust

Application form

1. LEARNERS DETAILS

FIRST NAMES:	SURNAME:	
DATE OF BIRTH:	MALE/FEMALE:	
HOME ADDRESS :		
POSTCODE:		
PHONE:	CURRENT SCHOOL:	
E-MAIL:		
GIFTED (evidence e.g GCSE results, predictive results)		
DO YOU RECEIVE: Pupil Premium YES / NO Free School Meals YES / NO		
MARITAL STATUS:	DEPENDENT CHILDREN:	AGES:

2. COURSE DETAILS

TITLE OF COURSE:	
NAME OF UNIVERSITY:	FULL TIME OR PART TIME
START DATE OF COURSE:	LENGTH OF COURSE:

3. INCOME - FINANCE DETAILS OF PARENTS OR STEP PARENT YOU CURRENTLY LIVE WITH.

NAME :	PHONE:
RELATIONSHIP TO STUDENT	
NAME :	PHONE:
RELATIONSHIP TO STUDENT	
TOTAL TAXABLE INCOME FOR THE ACADEMIC YEAR:	
OTHER CHILD DEPENDENTS UNDER 18 YEARS:	

I certify that I have provided all the personal and financial information which is required for the purpose of this grant claim.

Signed

Date