APPLICATION FOR FINANCIAL ASSISTANCE

Child/student and contact details

Forename:	Surname:				
Address:	Date of birth:				
	Telephone:				
	Email:				
	Current school/college:				
Postcode:	Previous schools:				
What will the grant be used for?	Dates (if applicable):				
How much are you requesting?					
Total cost of trip or equipment:	£				
Family contribution (required):	£				
Amount requested:	£				
Have you received any other grants/income for this project or any previous grants from the Northgate Foundation? If yes, please provide details:					
How will the student benefit from the grant?					

	1	Father			Mother	
Name:						
Address (if different from student):						
Occupation:						
Employer:						
Details of children li	iving in the fa	amily home:				
Name		Date of birth	Sch	hool/college		
You must prove tha	t you meet at	least one of thes	e criteri	a:		
					Tick to confirm proof provided*	
Family income less than £23,000 per annum Universal Credit Statement						
Income Support	llement					
Income related Emp						
	Guarantee Element of State Pension Credit Child Tax Credit (not working tax credit unless income less than					
£23,000)	it working tax (credit uniess incom	ie iess tr	nan		
Support under part IV of Immigration and Asylum Act 1999						
*A copy of working ta letter or document relation this form.		•				
No grant will be	released unl	ess proof of finar	ncial elig	jibility	has been provided	
Name of principal pa	arent/carer (to	receive contacts f	rom us):			
Signature of principa	al parent/care	<u> </u>				
Date:						

Registered Charity no 310492

The Northgate Foundation Supporting statement to be completed by the school

Thank you for helping us consider this application. If you have several children going on one trip, please provide only one copy of this form, unless you wish to draw a particular child's circumstances to the attention of the Trustees.

Please provide answers to the following questions:

How many children are going	g on the trip?				
How big is the year group/co	hort?				
Are you using pupil premium money or school funds in support of the trip?					
If so, how much per pupil?					
How many of the children in the cohort are in receipt of free school meals?					
Please provide below a brief summary of the nature of the activity and the way in which it will benefit the pupils:					
Your name:					
Position:					
School:					
Email contact:					
Telephone contact:					

Registered Charity no 310492

Proof of eligibility

No grant will be released unless proof of financial eligibility has been provided. You must include one of the following:

- A copy of working tax credit statement showing family income less than £23,000, or
- a copy of a letter or document relating to one of the other qualifying benefits.

Deadlines for applications

Applications must be received by:

- the Friday before the October half term holiday for school trips taking place in the Spring term
- the Friday before the February half term holiday for school trips taking place in the Summer term
- the Friday before the May half term holiday for school trips taking place in the Autumn term

Application received after these dates will automatically be deferred to the next half term.

Please return this form to:

The Northgate Foundation, PO Box 1137, Ipswich, Suffolk IP1 9DE

Email: Northgate.Foundation@gmail.com