**Are you completing this on behalf of someone else? Yes/No**

**If Yes, please provide your details below: If No, please move to 1. Applicant Details**

Name ………………………………………………………………………………………

Address ………………………………………………………………………………….

Postcode …………………………………………………………………………………

Email …………………………………………………………………………………….

Mobile …………………………………………………………………………………….

Landline ………………………………………………………………………………….

Relationship to the person you are applying on behalf of …………………………..

Please state the reason you are applying on behalf of the applicant

……………………………………………………………………………………………….

**1. Applicants Details**

Name ………………………………………………………………………………………

Address ………………………………………………………………………………….

Postcode …………………………………………………………………………………

Email …………………………………………………………………………………….

Mobile …………………………………………………………………………………….

Landline ………………………………………………………………………………….

Date of birth ……………………………………………………………………………….

Local Authority where you were looked after……………………………………………

Personal Advisor name and contact details……………………………………………..

**Amount of grant you are applying for** ……………………………………………………

**2. Criteria for the application**

Please tick one of the objects below to indicate which of the Charity’s objectives your application meets;

a) advance education,

b) relieve unemployment,

c) promote the social inclusion among these beneficiaries who are excluded from society, or parts of society, due to their social or economic position,

d) develop their capacity and skills in such a way that they are better able to identify, and help meet their needs and to participate more fully in society

For the purpose of the above objects “care experienced” means children or adults who have at some stage had foster care or residential care experience.

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| **3. Your time in care (to be completed by individual applicants)**  Please tell us about your time in care and what support you have had (or currently have) since leaving care. |

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| **4. About you and why you are applying for a grant from The Rees Foundation:**  Please tell us about yourself, why you are applying for a grant, how you would propose to use it, if successful and what outcomes you expect following the award of the grant.  Please attach a copy of your offer letter if you have one.  Name of the course:……………………………………………………………………..  Name of the education provider:……………………………………………………….  Full Time or Part Time course: ..……………………………………………………….  Cost of course:……………………………………………………………………………  Course start date:…………………………………………………………………………  Course finish date:………………………………………………………………………..  Amount requested £………………………………………………………………………  Amount in words ………………………………………………………………………….  Previous studies/qualifications:………………………………………………………….  Offer letter attached Y/N If No please explain why……………………………………  What are your career aspirations? |

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| **5. What is the grant to be used for:**  Please provide details of what the funds would be used for. Eg. Tuition fees or Help with Living Costs.  If tuition fees please provide evidence of costs of course eg link to fees on education provider website or invoice. |

**6. ANNUAL HOUSEHOLD INCOME & EXPENDITURE**

Please select to indicate the approximate gross annual income of your household including the income from your partner if applicable (i.e. before payment of tax and outgoings):

Annual Household Income (please tick)

Under £20,000

£20,000 to £30,000

£30,000 to £40,000

£40,000 to £50,000

£50,000 to £75,000

£75,000 to £100,000

Please list below and attach any evidence to support your income, eg. Pay slip or a statement of benefits if you have one.

Evidence 1.

Evidence 2.

Evidence 3.

Evidence 4.

**YOUR TOTAL ANNUAL INCOME: £**………………………

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| **7. YOUR ANNUAL OUTGOINGS**  Please tell us about your main household expenditure and living costs, rent, bills, childcare etc, and provide us with any evidence to support this. Eg Bank statement  Evidence 1.  Evidence 2.  Evidence 3.  Evidence 4.  **YOUR TOTAL ANNUAL OUTGOINGS:**  Rent:……………………………………………………………..  Bills:………………………………………………………………  Food:……………………………………………………………..  Travel:……………………………………………………………  Childcare costs:…………………………………………………  Other please explain:…………………………………………… |

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| **7a. PLEASE DETAIL ANY EXISTING STUDENT DEBT EG STUDENT LOANS**  Evidence 1. Statement of student loan (current)  If statement is not attached, please explain why? |

**7b. Please outline what other financial support you have applied for and whether this was successful (eg bursary, student loan)**

|  |  |  |
| --- | --- | --- |
| **Support applied for** | **Amount** | **Successful Y/N**  **If No please explain reason** |
| Student Finance Loan |  |  |
| Bursary |  |  |
| Other charities |  |  |
| Local Authority |  |  |
| Any financial support from family |  |  |
| What funds are you able to contribute personally? |  |  |
| Other |  |  |

|  |
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| **8. Please tell us about your support network such as family/friends.** |

**9. DETAILS OF REFEREES**

Please provide details of your referees; **PLEASE NOTE - Referees must not be related to you.** Please provide referees who may be a representative from your current or former healthcare provider, Local Authority personal advisor, or employer or educational advisor.

Your referees should have known you for some years and be able to speak of your character and personality.

**Contact details for referee one**

Name ………………………………………………………………………………………

Job Title and/or relationship to you …………………………………………………….

Address including postcode………………………………………………………………

………………………………………………………………………………………………

Email ………………………………………………………………………………………

Mobile ……………………………………………………………………………………..

Landline ……………………………………………………………………………………

**Contact details for referee two**

Name……………………………………………………………………………………….

Job Title and/or relationship to you……………………………………………………..

Address including postcode………………………………………………………………

……………………………………………………………………………………………….

Email ………………………………………………………………………………………

Mobile ……………………………………………………………………………………..

Landline …………………………………………………………………………………..

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| **10. Where did you hear about The Rees Foundation?** |

**11. Third Party Provider of services**

In line with clause 7.4 of The Rees Foundationgrant making policy the Charity reserves the right to make payment(s) directly to the supplier or provider of goods or services to the applicant (eg. Payment for University fees may be made direct to a University).

Please enter full information about the supplier or provider

Name of supplier ……………………………………………………………………………

Address ………………………………………………………………………………………

Telephone Number …………………………………………………………………………

Email Address: ………………………………………………………………………………

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| **12. Previous Applications**    Please provide details of all previous application(s) made to The Rees Foundationincluding date(s) and whether the application(s) was/were successful. |

**13. Please verify that all information in your application is accurate**

Please note that if you are under 18 years of age this form must be verified by your parent or guardian.

To the best of my knowledge all the information provided on this application is correct. I give permission to The Rees Foundationto:

record the information given in this form electronically, and to contact me by telephone, post or email in connection with this application holding it in accordance with the **Data Protection Act 2018** (the ‘2018 Act’) and the **EU General Data Protection Regulation** (‘GDPR’) in respect of data privacy and security.; and

if my application is successful, to give details of the grant in the Charity’s annual report and in any publicity that the Charity sees relevant (applicant may remain anonymous in any publicity).

Tick here if the applicant wishes to remain anonymous.

1. To keep me informed of news and events at The Rees Foundation, although I understand that I may unsubscribe at any time.

I confirm that I have read and understood The Rees Foundation[Grant-Making](http://therobgeorgefoundation.co.uk/grant-making-policy/) Policy &, Privacy Policy. By signing this application, I give consent for The Rees Foundationto contact any referees and suppliers/providers in connection with my application. I agree to advise The Rees Foundationimmediately if, at any time before an award is made to me, there are significant changes in the information given by me on this form.

Individual applicant's name (or name of parent/guardian if applicable):

Signed ………………………………………………………………………………………

Date …………………………………………………………………………………………..

You can send you application and any supporting documentation **by post** marked Private & Confidential and addressed to The Rees Foundation, Craftsman House, De Salis Drive, Hampton Lovett, Droitwich, Worcestershire, WR9 0QE.

Alternatively, applications may be emailed to: [contactus@reesfoundation.org](mailto:contactus@reesfoundation.org) – please mark your email private & confidential and telephone us to confirm receipt 0330 094 5645.

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| **Internal Use Only – RF Soft information and recommendation** |