

Association of Dunstable Charities CHEWS FOUNDATION

Charity Registration Number 307500

UNIFORM GRANT APPLICATION 2022

I wish to apply to the **CHEW'S FOUNDATION CHARITY** for a Uniform Grant for the student named below

Name of Applicant: Mr/Mrs/Miss/Ms

Address of Applicant

Postcode Telephone Number

E-mail

Full Name of Student.....Date of Birth of Student.....
(Please note: A separate application form should be completed for **each** child.)

Name and Address of School

At Present

From September if different

PLEASE HAVE THE FOLLOWING COMPLETED BY THE SCHOOL

Either**I confirm that the pupil will still be attending this school in September

Or **I confirm that the pupil will be changing schools in September

***** Please delete as appropriate***

Signed **Head Teacher/SchoolAdministrator**

Please enclose :-

(a) Proof that you are receiving Housing Benefit/Universal Credit - THIS MUST BE ENCLOSED WITH YOUR APPLICATION

The Grant will be used for

Signature of Applicant Date

Please return the form/s together with other relevant paperwork **via email** to:

Mrs J Tipler, Clerk *E-mail:* **dunstablecharity@yahoo.com** Tel: 01582 660008/07759 235796

Office Hours: Tuesday, Wednesday and Thursday 9 a.m. until 2.00 p.m. **Please Note: The phone is not manned out of these hours.**

Address: Association of Dunstable Charities, Grove House, 76 High Street North, Dunstable, LU6 1NF.

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UNIFORM GRANT APPLICATION 2022 ADDITIONAL INFORMATION

Name of Applicant Mr/Mrs/Miss/Ms

N.B Cheques will be made payable to the applicant named above

Names and ages of all dependent children in the family who are living with you			
Name	Date of Birth	School	Previous grants and year/s
Are you receiving Housing Benefit?	YES/NO	(Proof of this will be required. Please send it in with this form).	

Data Protection:

DATA PROTECTION: In accordance with the General Data Protection Regulations, please can you confirm that you are happy for us to hold your details on our files for the sole purpose of use for the CHEWS Foundation School Uniform Grants. Your details will not be shared with any other parties. Failure to sign below will result in the Foundations being unable to store your details and therefore, would not be able to contact you in the future.

I agree for my details to be held for the above use: Please sign AND date below.

Signed..... Dated.....

***** PLEASE INCLUDE YOUR BANK DETAILS SO APPLICATIONS AGREED BY THE TRUSTEES CAN BE PAID VIA BACS PAYMENTS *****

Bank..... Sort Code..... Account number.....

Name of account holder.....

It is a Charity Commission requirement to investigate the personal circumstances of applicants for grants. The personal data supplied on this form will be held on file. Some details may be checked with relevant organisations but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.