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?				

	Father			Mother	
Name:					
Address (if					
different from					
student):					
Occupation:					
Employer:					
Details of children living in the fa	amily home:				
Name	Date of birth	Scho	hool/college		
You must prove that you meet a	t least one of these o	riteria	1:		
				Tick to confirm proof provided*	
Family income less than £23,000 per annum					
Child in receipt of Free School Meals Income Support					
Income related Employment and Support Allowance					
Guarantee Element of State Pension Credit					
Child Tax Credit (not working tax credit unless income less than £23,000)					
Support under part IV of Immigration and Asylum Act 1999					
*A copy of working tax credit statement showing income less than £23,000, or a copy of a letter or document relating to one of the other qualifying benefits, or proof of receipt of free school meals must be provided with this form .					
No grant will be released unless proof of financial eligibility has been provided					
Name of principal parent/carer (to receive contacts from us):					
Signature of principal parent/carer:					

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:				
Totopriorio contact.				

Proof of eligibility

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

- Proof that your child receives Free School Meals; or
- 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
- the Friday before the February half term holiday
- the Friday before the May half term holiday

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

Please return this form to:

The Northgate Foundation, PO Box 979, Ipswich, Suffolk IP9 2DH

Email: Northgate.Foundation@gmail.com