

## Kingston Upon Hull Education Foundation (KUHEF) The Leon Salingar Award

## **Application for Assistance**

(KUHEF - To help young people up to the age of 25 prepare to enter a profession, trade, occupation or service.

The funding can be used to pay for clothing, tools or instruments.)

(The Leon Salingar Award - To help students up to the age of 25 starting a music course at a university or recognised music college to assist them in purchasing a musical instrument or relevant books of music required for the course.)

Please complete all sections of the form in block capitals and using black ink			
	(For queries regarding completion of the form please telephone 014 dorinda.guy@hullcc.gov.uk)	182 613416 or email	
	Applicant Details		
Surname	: Forename(s):		
Address:	(include postcode)		
Telephor	e: Email:		
Date of b	irth:		
School(s	attended in Hull:	Dates:	
Concons	attended in Figi.	Duico.	
	PLEASE COMPLETE ONE OF THE RELEVANT 3 BOXES BELOW REGARDING YOUR EDUCATIONAL COURSE		
1. Name of proposed educational establishment (if provisional placement offer or placement acceptance):			
Stor	: Date: Finishing Da	ato:	
Star	Date.	તાહ.	
PLEAS	SE ATTACH UNIVERSITY LETTER/EMAIL OF PROVISIONAL OR P	LACEMENT ACCEPTANCE	
2. Nam	e of current educational establishment (if already undertaking course):		
Start	Date: Finishing Da	ate:	
3. Nam	e and cost of online course provider (if not an educational establishme	nt)	
Nam	e: Cost: £		
Start	Date: Finishing Da	ate:	

Course title:	Part-time/full-time:
Length of course/qualification:	
Award or Alderman Sydney Smith	e from the Kingston Upon Hull Education Foundation, The Leon Salingar in Prize Trust Fund. (Include date and amount awarded or reason for state if no previous application made).
	thority for financial assistance (grant/loan)? d or reason for application being turned down or state if no previous
Please state why you require as	ssistance:
(Please explain how the grant will required for the course including c	help you progress, providing details of equipment, uniform, etc that may be osts)
Do you have your own bank accou	nt? Yes No
Who would you like the payment m	aking to:

## Information about your parents or whoever has parental responsibility for you.

Name/s:
Address (if same as applicant, please state):
Declaration to be completed by all applicants
I declare that to the best of my knowledge the above information is correct. I understand that if financial assistance is approved the Trustees may require evidence of my attendance and progress where appropriate, and evidence that the financial assistance has been used for the purpose for which it was given.
Signature: Date:
Send completed form to <a href="mailto:democratic.services@hullcc.gov.uk">democratic Services Officer</a> , Committee Services, Room 115, Guildhall, 77 Lowgate, Hull, HU1 2AA