

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 01482 613416 or email dorinda.guy@hullcc.gov.uk) **Applicant Details** Surname: Forename(s): Address: (include postcode) Telephone: Email: Date of birth: School(s) attended in Hull: Dates: 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): Start Date: Finishing Date: PLEASE ATTACH UNIVERSITY LETTER/EMAIL OF PROVISIONAL OR PLACEMENT ACCEPTANCE 2. Name of current educational establishment (if already undertaking course): Start Date: Finishing Date: 3. Name and cost of online course provider (if not an educational establishment) Name: Cost: £

Start Date:

Finishing Date:

Course title:

Part-time/full-time:

Length of course/qualification:

Details of any previous assistance from the Kingston Upon Hull Education Foundation, The Leon Salingar Award or Alderman Sydney Smith Prize Trust Fund. (Include date and amount awarded or reason for application being turned down or state if no previous application made).

Have you applied to the Local Authority for financial assistance (grant/loan)? (Include date and amount awarded or reason for application being turned down or state if no previous application made).

Please state why you require assistance:

(Please explain how the grant will help you progress, providing details of equipment, uniform, etc that may be required for the course including costs)

Do you have your own bank account? Yes

No

Who would you like the payment making 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 <u>democratic.services@hullcc.gov.uk</u> or Dorinda Guy, Democratic Services Officer, Committee Services, Room 115, Guildhall, 77 Lowgate, Hull, HU1 2AA