

# Miss E.B. Wrightson's Charitable Trust

Swangles Farm Cold Christmas Hertfordshire SG12 7SP  
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## CONFIDENTIAL APPLICATION FORM IN SUPPORT OF A GRANT APPLICATION

Please return this form either by email (using your name as title), attaching all relevant information, a brief music CV and two letters of support from individual teachers/tutors, or by post sending THREE copies of the form and TWO copies of the CV, information and references. Teachers/tutors may send the information separately if wished.

### 1. APPLICANT

Full name:	
Age:	Date of birth:
Address:	
Purpose of grant:	

### 2. PARENTS(s)/GUARDIAN(s)

1.

2.

Names:		
Addresses:		
Email:		
Occupations:		

### FINANCIAL INFORMATION

### 3. TAXABLE INCOME

1.

2.

Salary:		
Pension:		
Investment income:		
Tax credits:		
Child benefit:		
Other income:		
<b>TOTAL:</b>		

### 4. OUTGOINGS

1.

2.

Income tax/NI:		
Mortgage/rent:		
Other interest payable:		
Child maintenance:		
Food/utilities/travel etc:		
<b>TOTAL:</b>		

### 5. ASSETS

1.

2.

Value of investments:		
Insured value of house:		
Insured value of contents:		
Insured value of cars, instruments etc		
Cash at bank or elsewhere:		
Value of other assets:		
<b>TOTAL:</b>		

**6. LIABILITIES**

Please detail any outstanding debts, credit cards etc

1.

2.

TOTAL:	

**7. DEPENDANTS**

Please include the applicant; if necessary continue on a separate sheet

1.

2.

3.

4.

Name:				
Age:				
Name of school/college:				
Annual tuition fee:				
Separate music lessons/fee:				

*Amount of tuition and residential fees covered by:*

Payment by parent:				
Payment by others:				
DfE/MDS/SLC grant or loan:				
TOTAL:				

**8. OTHER DEPENDANTS**

Please give details:

**9. ANY FURTHER INFORMATION INCLUDING APPLICATIONS TO OTHER BODIES**

**10. AMOUNT OF GRANT REQUESTED: £**

**11. I have made a complete statement of my financial situation and circumstances generally. If called to do so I will review this statement annually and report any material change to my financial situation.**

Signature of applicant (if over 16):

Date:

Signature of parent:

Date: