

# APPLICATION FOR FROGMOOR FOUNDATION FUNDS

- Before completing this form please refer to the notes.
- Please complete the form in BLOCK CAPITALS
- All questions must be answered.

Type of funding required i.e. exhibition, research/travelling scholarship or bursary

**PLEASE PROVIDE A DETAILED STATEMENT OF THE COST OF THE COURSE PROPOSED, OR A LIST OF REQUIREMENTS IN THE CASE OF A BURSARY**

## Part 1: Your personal details

Your surname

Your first names

Your title

Mr

Mrs

Miss

Ms

Your date of birth

Your age on 31 August next

Your full current home address and postcode

Date you moved to your current address  
(please give the month and year)

Your home phone number  
(please include area code)

Your mobile phone number

Your email address

## Part 2: Your education history

Details of your previous education history

Name and address of schools /colleges attended	Title of course	Part/fulltime, evening, etc	Start date		End date	
			Month	Year	Month	Year

## Part 3: Course/employment details

Full name and address of educational establishment attended/to be attended

Course attended/to be attended and level of qualification to be gained (e.g. degree, NVQ3):

Subject: (s)

Duration: from

to

Is your course:

Full time?

Part time?

Full details of employment/occupation if you are applying for a bursary

Are you are in receipt of, or have you applied for, any other funding i.e. an award, scholarship or grant?  
If so, please provide full details and evidence including the result of your application.

Will you be receiving any earned/unearned income or benefits whilst attending your proposed course?  
If so, please provide full details and evidence.

**Part 4: About your parent(s)/legal guardian(s)/spouse/co-habiting partner**

Title            Mr             Mrs             Miss             Ms

Surname

First Names

Address and  
postcode

Telephone No.             Email address   
(including area code)

Relationship to student:  
Parent(s)/legal guardian(s)/spouse/co-habiting partner            (delete as appropriate)

**Part 5: Details of household circumstances**

Occupation(s) of parents/guardian/spouse/co-habiting partner

Employer(s) name(s) and address(es)

Household income for the year ended 5 April last.

**Please provide evidence e.g. P60, etc**

<b>Father/guardian/spouse/co-habiting partner</b>	<b>Mother/guardian/spouse/co-habiting partner</b>
Gross annual earned income £	Gross annual earned income £
Any other income £ (please specify)	Any other income £ (please specify)

Household charges on income for the year ended 5 April last i.e. mortgage, council tax and rent payments, plus utility bills. **Please provide details and evidence.**

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Details of dependants

<b>Full name</b>	<b>Age</b>	<b>Relationship</b>	<b>School/college attended</b>	<b>Gross income £</b>

**Part 6: Any other information in support of your application that you wish to bring to the notice of the Trustees.**

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## Part 7: Declaration

### DECLARATION TO BE SIGNED BY THE STUDENT AND PARENT/GUARDIAN/SPOUSE/CO-HABITING PARTNER

The information given on this form is complete and accurate to the best of my knowledge and belief. I will inform you immediately of any change in circumstances that might affect entitlement to support.

- I understand that if I give false information, or do not give complete information, I may be refused financial assistance or may be prosecuted and my financial assistance withheld.
- I agree to supply any further information that may be asked for.

I understand that the information I have given on this form will be used for the purpose of processing this Frogmoor Foundation Fund application and that particulars on this form will be held in accordance with the Data Protection Act 1998. I accept that the Trustees are under a duty to protect the Trust Fund they administer and may use the information I have provided on this form for the prevention and detection of fraud. They may also share this information, for the purpose of processing this Frogmoor Foundation Fund application, with other associated organisations administering public funds.

SIGNED - STUDENT \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNED – PARENT/GUARDIAN/SPOUSE/CO-HABITING PARTNER \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

**Please send the completed form to:**

**THE TRUSTEES OF THE FROGMOOR FOUNDATION FUND  
C/O PAULA BUCK  
CULTURE AND LEARNING  
THE GALLERY SUITE  
BUCKINGHAMSHIRE COUNTY COUNCIL  
COUNTY HALL  
AYLESBURY  
BUCKS  
HP20 1UU**

If you wish to check the progress of your application please either ring or e-mail Paula Buck and state that you are enquiring about a Frogmoor application.

**TELEPHONE: 01296 382986.**

**E-MAIL: [clbussupportteam@buckscc.gov.uk](mailto:clbussupportteam@buckscc.gov.uk)**

**FAX: 01296 382259**