

POAD'S EDUCATIONAL FOUNDATION

I, (full name)

*the parent/guardian of

(Child's full name)

(Child's address) of

hereby request the Trustees of Poad's Educational Foundation to consider providing financial assistance for the purpose of:

(set out detail of what is required, the school or other institution attended and the nature and length of course. Please give dates when the expenditure was incurred).

TOTAL £

*delete if 18 or over

Dated

Signature

NOTE: If you are 18 years or over please complete and sign this form yourself, otherwise the parent/guardian should sign

POAD'S EDUCATIONAL FOUNDATION

Name: DOB:

Child's Name (if under 18)

Address:

.....

.....

Postcode

Please give a brief description of the educational courses and activities you have undertaken in the past year for which you are claiming the Grant.

POAD'S EDUCATIONAL FOUNDATION

Fees: specify

**Travel expenses @ 10p per mile
(maximum 2 trips home per term for residential courses)**

Equipment e.g. books

Stationery

Excursions and/or field trips

TOTAL £

Dated

Signature

NOTE: If you are 18 years or over please complete and sign this form yourself, otherwise the parent/guardian should sign

NOTES

Please note the following:

The Trustees will consider claims which are based on educational development.

They will therefore consider riding lessons or swimming lessons, but not riding or swimming as hobbies

Transport by car where a school or other bus is available will not be considered

Because of the limited size of the Charity's funds the Trustees are unable to consider claims for University/College tuition fees or living expenses.

All expenses claimed must have already been incurred and be within the twelve month period up to 31 March in the year the claim is considered. The Trustees normally meet during May.

Address for the return of completed forms:

Mr. Peter Lawrence
23 Larchfield
Stockton Lane
York
YO31 1JS