



City of London
Department of Community & Children's Services

HIGHER EDUCATION RESEARCH AND SPECIAL EXPENSES FUND (HERSEF)

Clause 1 ("HERSEF Junior")

FINANCIAL ASSISTANCE FOR 14 - 18 YEAR OLDS Studying Special Technical Courses in Inner London

APPLICATION FOR AWARD 2010/2011

Please complete and return **by 11th March 2011** to:

Head of Adult & Community Learning (HERSEF Junior), City of London, PO Box 270, Guildhall, London EC2P 2EJ

PLEASE ENSURE THAT A LETTER SUPPORTING YOUR APPLICATION FROM YOUR HEADTEACHER/COLLEGE IS ATTACHED TO THIS FORM.

Application Details *(please write clearly in BLOCK CAPITALS)*

First Name: Last Name:.....

Date of birth:..... Gender:.....

Home Address:

.....Postcode:

School/College Name and Address:

.....

Title of Course/Project:

Amount of Grant Requested: £.....

SUPPORTING STATEMENT BY APPLICANT *(continue on separate sheet if required)*

Signature of Applicant:..... Date:.....

**HIGHER EDUCATION RESEARCH AND SPECIAL EXPENSES FUND
CLAUSE 1 (“HERSEF junior”)**

STATEMENT BY PARENT/GUARDIAN (OR CANDIDATE IF 18 YEARS)

DO YOU RECEIVE:

- | | |
|---|----------|
| • INCOME BASED JOBSEEKER’S ALLOWANCE | YES / NO |
| • CHILD TAX CREDIT | YES / NO |
| • WORKING TAX CREDIT | YES / NO |
| • DISABILITY ALLOWANCE (as sole source of income) | YES / NO |
| • STATE RETIREMENT PENSION (as sole source of income) | YES / NO |

IF NO TO ALL THE ABOVE, PLEASE SUPPLY OTHER EVIDENCE OF FINANCIAL NEED.

I undertake to supply documentary evidence if the application is approved. I declare that the information I have given here is true and complete, and authorise the Trustees to check these details with the DSS. I understand that any false or misleading statement made on this form or failure to disclose relevant information may make this application void.

[GRANT WILL NORMALLY BE PAID TO THE PARENT/CARER]

Please make the grant payable to: Mr/Mrs/Miss/Ms _____

Signed (parent/carers) _____

STATEMENT BY SCHOOL/COLLEGE PRINCIPAL (or attach separate statement)

I recommend this student because

Date: _____ Signed: _____
Position: _____

FOR OFFICE USE ONLY

Process Application YES/NO Grant Recommended: £

State benefit confirmed.....

Candidate/school notified.....

Payment from XV0355103 £..... Date