

JOHN WATSON'S TRUST**APPLICATION FORM****Grants to children and young persons under Section 21 of Trust Scheme***Please return completed application form to:***The Administrator, John Watson's Trust****The Merchants' Hall, 22 Hanover Street****Edinburgh EH2 2EP****Tel: 0131 220 1640****1. Details of child or young person:**

Surname Forenames

Address

..... Postcode Tel no

Date of birth (must be under 21) Age**2. Details of parent or guardian applying on child's or young person's behalf, if appropriate:**

Surname Forenames

Address

..... Postcode Tel no

3. Please indicate whether single parent family? Yes No**4. If the child or young person is not resident in Lothian Region, is there any connection with Lothian Region?**

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5. What brothers or sisters (if any) under 16, or otherwise still dependent, does the child or young person have?

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6. Have you applied to the John Watson's Trust before? Please indicate when, for what and whether application(s) successful.

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7. Describe in detail the purpose for which the grant is required and why it is thought that it will especially benefit the child or young person in relation to his education and advancement in life. Where relevant, e.g. trips/outings/college courses/short courses, please specify dates and locations.

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8. What is the estimated total cost of the undertaking for which a grant is sought?

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9. What proportion of the cost is being sought as grant?

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10. What other sources of funding have you approached and for how much?

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11. If the child or young person is still at school, please give the name, address and telephone number of the head teacher (or other teacher).

Name

Address

..... **Tel no**

12. Please give the name, address and telephone number of some person who could be approached as a referee and who would be able to comment on the general appropriateness of the application (eg teacher, social worker, GP rather than family friend).

Name

Address

..... **Tel no**

13. How did you come to hear of the John Watson's Trust?

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14. Signature of applicant **Date**

FINANCIAL INFORMATION

Please give details of all parental/child income in the family. Supporting evidence MUST be provided.

	£		£
<i>INCOME (please give annual amounts)</i>		<i>EXPENDITURE (please give annual amounts)</i>	
Gross earned (inc overtime)		Income Tax	
		National Insurance	
Pension:		Pension Schemes	
State		Mortgage/Rent	
Employers		Council Tax	
Other		Water/Sewage Charges	
		Insurance:	
State benefits:		Endowment	
Child Benefit		Buildings	
Widowed Mothers Allowance		Contents	
Widow's pension		Personal	
Disability Living Allowance		Heating/Lighting:	
Statutory Sick Pay/Incapacity Benefit		Electricity	
Attendance/Mobility Allowance		Gas/LPG	
Income Support		Oil	
Housing Benefit		Coal/Wood	
Council Tax Benefit		Living Expenses:	
Child Tax Credit		Food	
Working Tax Credit		Clothing	
Job Seekers Allowance		Other Household	
Other (<i>please state</i>)		Telephone	
		TV Licence/Rental	
Maintenance (Court Order/Private)		Transport:	
		Vehicle Road Tax	
Investment		Insurance	
Bank Deposit		Petrol/Servicing	
Building Society		Public Transport	
Dividends		Education:	
Property		School Fees	
Subletting/Lodgers		Other School Expenses	
Other (<i>please state</i>)		University/College Expenses	
		Miscellaneous:	
TOTAL INCOME/BENEFIT		Repairs/Maintenance	
		Holidays	
ASSETS		Child Maintenance Payments	
Value of Current Residence		Child Care	
Value of Any Other Properties		Other (<i>please state</i>)	
Value of Life Assurance Policies		Loan Repayments	
Cash at Bank		TOTAL EXPENDITURE	
OTHER SAVINGS		LIABILITIES	
Building Society		Mortgage Outstanding	
Saving Certificates		(<i>Final Payment Date.....</i>)	
Income Bonds		Bank Overdraft	
Value of Shares etc		Credit Card Arrears Outstanding	
Value of Vehicle(s)		Loans/Hire Purchase Outstanding	
Value of Any Other Assets		Household Bill Arrears	
		Other Debts	

I HEREBY DECLARE THAT THE ABOVE PARTICULARS ARE TRUE AND ACCURATE.

Signature of applicant..... Date.....