



LORD PORTSEA GIFT FUND

Application for financial support

Please complete this form in capital letters

| Please complete this form in ca | pitai ietters | | |
|-------------------------------------|---------------|---------------------|------------------------|
| | | | |
| Applicant's Full Name: | | | |
| Address: | | | |
| | Post Code: | | |
| Daytime Contact Telephone number: . | | | |
| E-mail: | Date of Birth | n: P | lace of Birth: |
| Secondary Schools or Colleges | attended | | |
| Name of Secondary School or C | | Date of entry | Date of leaving |
| | | | |
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| | | | |
| Public avaminations already tak | on and recult | s of which you have | o obtained Please sive |

Public examinations already taken and results of which you have obtained Please give details of all examinations attempted.

| Examining Body | Date | Subject | Level* | Grade |
|----------------|------|---------|--------|-------|
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| *Indicate | *Indicate whether GCSE, O level, AS level, A level, degree or other | | | | | | |
|---|---|------------|-------------------|--------------------------------------|-------------------------|-----------|--|
| your en | | story. Ple | | employment, ple parate sheet or f | | | |
| Employed From | То | | Name and add | ress of employer | | Post held | |
| | | | | | | | |
| | | | | | | | |
| Details | of course(s) f | or which | n vou are applyi | ng for financial a | ssistanc | æ | |
| | Details of course(s) for which you are applying for financial assistance Length of Institute Name Course Subject and qual (in years) | | lification sought | | | | |
| | | | , , , | | | | |
| | | | | | | | |
| | | | | | | | |
| Please give a brief outline, or statement, of why you have applied for assistance. Give details of what you propose to do on completion (where applicable). You may continue on a separate sheet if required: | | | | | e details a separate | | |
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Briefly detail your income and expenditure for the proposed year of your study course

| | |] |
|--|---|--|
| ncome | £ | |
| States of Jersey Grant (if applicable) | | |
| | | |
| T-(-1 l | | |
| Total Income | £ | |
| Expenditure | | |
| Accommodation | | |
| Food and living expenses | | |
| Books and study materials | | |
| Travel | | |
| Other expenses (please give details) | | |
| | | |
| | | |
| ncome less expenditure | £ | |
| Total support requested | £ | |
| Are you, or have you been, in receip funds, charities, bursaries etc.? Are you, or will you be, seeking fund | YES/NO (p | please delete one) |
| If you have stated YES to one or botor or sought and the dates of receipt. | th, please provide details, including | the amount received |
| I understand that the information I had any information is found to be supplication for this funding. | • | |
| Signature of Applicant: | | |
| Important, please read the followi | ng points before submitting the a | pplication. |
| Applications must be received by 1 N in September of that year. | May for consideration of funding for the a | cademic year beginning |
| Your details will be checked by Stude verification of your residential status | ent Finance to ensure the eligibility criter | ia is met, this includes |
| Please send the completed form to: Lord Campus, JE4 8QJ | l Portsea Gift Fund, Skills Jersey, Educat | tion Building, Highlands |
| The Department for Children, Young People, Edu- Fund Trustees. Children, Young People, Educati- (Jersey) Law 2018 as we collect and process pers provide public services and meet our statutory obland can be accessed here: Children, Young Peop | on and Skills (CYPES) is registered as a 'Controll sonal information about you. We process and hold ligations. Our Privacy notice explains how we use | er' under the Data Protection d your information in order to |
| For Internal Use Only: | | |
| Eligibility criteria has been checked | | |