

HIGHER EDUCATION GRANT

All information on this form will be treated in confidence.

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1. APPLICANT'S DETAILS:

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| Full name: | Tel No: |
| Address: | Mobile No: |
| | Email 1: |
| | Email 2: |
| | |
| Post code: | Preferred method of contact: |
| Date of birth: | |
| Student support number: | |
| UCAS number: | |
| University or college: | |
| Course: | |
| Course year: | |

1. POLICE PARENT'S DETAILS:

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| Full name of Eligible Police Individual: |
| Rank and number: |
| Current or last employing force: |
| Name of Deceased Parent if different from above: |
| Date of death/incapacity: |

2. APPLICANT'S DECLARATION

- ☐ I understand that all personal information on this form will be confidential to the professional and administrative staff of The Police Children's Charity and no personal information will be shared without my express consent unless required to do so by law.
- ☐ In order to provide the best possible levels of service, updates or other information I agree to The Police Children's Charity contacting me using the details I have provided.

I am the person making the application for a benefit. I certify that the information given in this application is, to the best of my knowledge and belief correct and that should any over- payment be made that this will be repaid without undue delay.

Signature: **Date:**

Print name:

3. TO BE COMPLETED BY HIGHER EDUCATION ESTABLISHMENT

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|---|------------------------|
| This is to certify that: (name) | Official Stamp: |
| Is undertaking a course at: (name of establishment) | |
| Expected graduation date: | |
| Signed: | |
| Name in full: | |
| Position: | |
| Tel No: | |
| Email: | |
| | Date: |

4. APPLICANT'S BANK DETAILS

Please note: All allowances are paid by BACS. Failure to provide bank details is likely to result in the non-payment of a benefit.

Name of Bank/Building Society:

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Address of Bank/Building Society:

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Post code:

Sort Code:

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Account Number:

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**Building
Society
Ref/Roll
number:**

Signature:

Date:

Print name: