wisperstrust@btconnect.com Wispers Trust, PO Box 119, GU29 1 BH.



APPLICATION FOR A GRANT

PART 1

THIS FORM MUST BE ACCOMPANIED BY PART 2.

IF YOU HAVE ALREADY COMPLETED PART 2 FOR ANOTHER TRUST
PLEASE SEND A COPY TO THE PO BOX ABOVE.

Name of young person for whom the grant is requested
Date of application
School at which any award may be held
Date started at the school
Academic Year 20/20
Please indicate for which academic year you are applying for help, e.g. final GCSE year (Yr11)

COMPLETION OF THE APPLICATION FORM

All sections of the form must be completed and returned by the preceding March to the start of the new academic year, otherwise it will be returned and your application may be delayed. It is essential that the financial form is completed with both income and expenditure columns filled in. A copy of a recent weekly/monthly pay slip, P60 or Annual Accounts if self-employed should be included, together with a copy of a letter from the Benefits Office detailing your state benefits, if applicable.

For further advice on sources of help you could contact the following:

Educational Trusts' Forum Home Page

WISPERS TRUST

Wispers School for Girls in Haslemere enjoyed an excellent reputation for over 60 years, as is testified by the Independent Schools Report 2007. Its motto - *Fortiter, Fideliter, Feliciter* (Bravely, Faithfully, Happily) - inspired numerous girls and their teachers throughout its existence.

In the harder times of the present century, the Governors were mindful of the school's traditions and values, which would have been severely compromised in any amalgamation. They took a more positive view and, following the school's closure and sale in 2009, established a revised Trust, the Wispers Trust.

In their strategic planning, the Wispers Trustees have worked closely with the Charity Commission, who in particular applauded the Trust's intention to offer support in perpetuity. This is seen as the most effective way of preserving the founding principles of the school. Wispers Trust awarded its first education grants in 2011.

The aim of the Wispers Trust is to offer financial support to deserving pupils, particularly secondary pupils in Year 11 (GCSE) or Year 13 (A2), whose parents or guardians are experiencing unforeseen financial difficulties.

In exceptional circumstances financial support may be given for part of the two-year GCSE course (Years 10 and 11) or two-year Sixth Form course (Years 12 and 13) at the discretion of the Trustees. Financial support should be seen as a contribution to the fees per term and not as entire funding.

The applicant's current Head will be required to offer a written statement of support to confirm that financial assistance is in the best interests of the applicant in order to complete her secondary education. Parents or Guardians must ensure that they have given permission to the pupil's school for Wispers Trust to discuss the education and financial record of the applicant.

APPLICATION FOR AN EDUCATIONAL GRANT

PART 2

PLEASE READ CAREFULLY BEFORE COMPLETING THE FORM

Clear writing and keeping a copy. Please write in CAPITAL LETTERS and in BLACK INK, as this form may need to be photocopied. We advise you to keep a copy of what you write; it may be useful if you want to make applications to other trusts. This form is accepted by many trusts making educational grants.

Full answers. Please answer all sections as fully as possible, as gaps could delay the processing of your application. Do not leave any lines or boxes blank: if necessary, insert "n/a" or "nil".

Details of the young person's parents. If both parents as a couple are making the application, please ensure that information for BOTH is supplied. If you fill in this form as a grandparent, guardian or foster parent, please complete the section about the young person's parents (page 2) as far as you can.

Page 5 is a Financial Statement. This refers to the household in which the young person lives. The income and assets of all adults living permanently in the household should be stated, though it is understood that some benefits (e.g. DLA) are given to one particular individual. It is not automatically assumed that all the income stated is available to support the young person. The award of a grant is based on trust and openness on the part of the applicant. You can always give further explanations, if you wish, on the phone or in person.

SEND YOUR COMPLETED PART 2 FORM
TO THE TRUST TO WHICH YOU ARE APPLYING.
IT MUST BE ACCOMPANIED BY PART 1 WHICH YOU SHOULD OBTAIN FROM THE INDIVIDUAL TRUST.

YOUR APPLICATION WILL NOT BE VALID WITHOUT PARTS 1 AND 2.

ANY PROBLEMS?

CONTACT THE TRUST TO WHICH YOU ARE APPLYING. THEY WILL BE GLAD TO HELP.

APPLICATION FOR A GRANT - PART 2

Section 1 PERSONAL DETAILS

Young person needing assistance:			
Forename(s):	Surname:		
Address:	Date of Birth: d /m /y		
	Nationality:		
	Gender:		
Doctordo			
Postcode:	Current School Year (e.g. Year 7):		
	oriate Mother☐ Father☐ Both parents as a couple ☐ i) ☐ Guardian ☐ Foster Parent ☐		
Forename(s):	Surname:		
Address (If different from above):	Email:		
	Date of Birth: d / m /y		
	Employment/Trade/Profession: (If retired or unemployed please say so and state previous employment)		
Postcode:			
Phone Number(s) (inc. mobile):			
Please enter here details of the other parent:			
Relationship: (Tick as appropriate) Mother 🗆 Father 🗀	Mr/Mrs/Ms/Miss/Other		
Forename(s):	Surname:		
Address (If different from above):	Email:		
	Date of Birth: d / m /y		
	Employment/Trade/Profession: (If retired or unemployed please say so and state previous employment)		
Postcode:			
Phone Number(s) (inc. mobile):			
Family Situation (Please give dates of any death, divorce of partner. Indicate who the young person lives with and, if no	or re-marriage and whether either parent has a new ot with parents, who is legal guardian.)		

Other children: DoB School/C Name		School/College/Occupation	Parents' contribution to fees per year			
			£			
			£			
			£			
Details of any other	adults living in t	he household, including occupations:				
ection 2 sch	OOL INFORMAT	TION				
Current School:		Name of Head:				
Name of School:		Name of P.A:				
Address:	e dr	(inc. title and initials)				
		Head's email ac	ddress and phone number:			
		Name of Bursa	r:			
	Postcoo	de: (inc. title and initials)				
Day or Boarding place	CA (Plansa dalata o		address and phone number:			
Day or Boarding play	oc (i icase delete o					
Proposed School (if o	different):	Name of Head:				
Name of School:		Name of P.A:	(inc. title and initials)			
Address:			(inc. title and initials)			
		Head's email ad	ddress and phone number:			
		Name of Bursa	r:			
	Postcoo	(inc. title and initials))			
	1 03:000		address and phone number:			
Day or Boarding pla	ce (Please delete o	ne)				
Educational History:	Please detail br	riefly schools attended from age 5, wi	th dates			
		tement of Educational Needs (SEN)				

Section 3 FINANCIAL INFORMATION

reriod for which the grant is required: fro	om	to	
Basic Fees (Excluding extras) at school where gran	nt is required:	£	per year
Cost of significant extras (Such as travel, lunches,	music):	£	per year
Value of Bursary/Scholarship/Assisted Place offer	red by school:	£	per year
Amount you can contribute to fees (Excluding extras):		£	per year
Other family-based assistance, e.g. from 'other' p policies etc (Please detail and give value per year)		usts, relatives, ed	lucational insurance
):	usts, relatives, ed per year	
policies etc (Please detail and give value per year)): £		
policies etc (Please detail and give value per year) 1): £	per yea	·
policies etc (Please detail and give value per year) 1 2 3): £ £	per year per year per year	·
policies etc (Please detail and give value per year) 1 2 3 Have you applied for help with these fees to your):f _f r Local Authority	per year per year per year	
policies etc (Please detail and give value per year) 1 2 3):f _f r Local Authority	per year per year per year	

Give details of any help from other Trusts or Charities which you have **received in the past, are currently receiving or have applied for.** If a home visit has been made or arranged, please include the date.

Name of Trust	Grant Made?	If grant made		
	Y / N / Pending	Annual Amount	Start Date	Finish Date
The state of the s				

ANNUAL INCOME AND EXPENDITURE **CURRENT GROSS ANNUAL INCOME** (i.e. before tax) £ Income before tax (Including bonus, overtime etc) **Pension** State **Employers** Other **State Benefits** (Please list all income from benefit payments) Maintenance Court order Private Investment income from: Bank deposits **Building Society Interest** Share dividends Property rent Sub-letting/lodgers Other (Please state) **TOTAL INCOME/BENEFIT** CHILD'S INCOME (not included above) Please state sources **TOTAL CHILD'S INCOME ASSETS** - WHAT YOU OWN Value of current residence Value of any other property Surrender value of Life Insurance Policies Value of vehicle(s) Cash in bank Value of shares Other savings Value of other assets

TOTAL ASSETS

(Use annual figures; if you need help, please ask)

EXPENDITURE FOR CURRENT YEAR E		
Income tax National Insurance Pension contributions Union/professional membership Mortgage/rent Council tax Water/sewage charges Insurance Endowment Buildings & contents Personal Heating/Lighting Electricity Gas/Oil/Coal Living Expenses Food & other household Clothing Telephone (incl. mobile & Internet) TV Licence/rental packages(s) Transport Road Tax licence Vehicle Insurance Fuel/Servicing Public Transport Education School fees currently paid Other school expenses University/College expenses Miscellaneous Property repairs Holidays Child care Child maintenance payments Loan/credit card repayments Medical costs Other TOTAL EXPENDITURE LIABILITIES – WHAT YOU OWE Mortgage(s) outstanding (Final payment date(s)) Repayment or Interest only Bank overdraft Credit/store card arrears School fee arrears Household bill arrears Loans/hire purchase outstanding Other	EXPENDITURE FOR CURREN	T YEAR
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Other		
TOTAL LIABILITIES	Other	
TOTAL LIABILITIES	TOTAL LIABILITIES	
	IVIAL LIABILITIES	

Section 3 **FINANCIAL INFORMATION (Continued)** Changes: Please detail any recent or anticipated changes in your income or expenditure for the coming year e.g. salary, sale of property, an inheritance, completion of another child's education, maturing life insurance policy, redundancy, business difficulties etc. Section 4 **REASONS FOR APPLICATION FOR ASSISTANCE** Please set out why you feel attendance at a fee-paying school is necessary for the young person in question. Outline any unforeseen financial, personal or health problems within the family unit that led you to apply for help. (Continue on separate sheet if necessary.) Section 5 **DECLARATION** This declaration must be signed by the person(s) having legal responsibility for the young person for whom the grant is required. I/we declare that to the best of my/our ability I/we have accurately and fully answered the questions set out above. I/we undertake to inform all trusts who have made a grant based on the information set out above of any change in my/our circumstances. I/we understand that my/our application will not necessarily result in the award of a grant.

Signed

Date

Print name

Signed

Date

Print name



Data Protection Act : Applicant Consent Form				
In order for the Wispers Trust ("Trust") to consider your application for support, personal data and sensitive personal				
data of both you and the potential beneficiary/bene				
To comply with the Data Protection Act 2018 and the		_		
"Applicable Data Protection Law"), the Trust must te	-		· · · · · · · · · · · · · · · · · · ·	
data explicitly ask for your consent. By signing this for			sent for the Foundation to	
process your/the potential beneficiary's data for the		· · · · · · · · · · · · · · · · · · ·		
		OCESS your data		
The Trust is required by Applicable Data Protection La about your case. This information may contain your			_	
be stored securely by the Trust's Staff and Trustees.		iai data and sensitive per	solial data. Your miormation will	
Paper copies of your data may also be stored by the				
For the purpose of Applicable Data Protection Law th		t is the Data Controller of	f your information	
To the purpose of Applicable Data Protection taw ti	iic ii us	t is the Data Controller of	your information.	
If you are making this application on behalf of a pote	ential be	eneficiary, for example as	a parent or guardian of the	
potential beneficiary we ask you to sign below to cor		• • • • • • • • • • • • • • • • • • • •		
If the potential beneficiary is 13 years old or older we	e ask th	nat they also sign below t	o indicate their consent to the	
processing of their information as they are considered	ed old e	enough to understand tha	t their information is being used	
by us for their application.				
Yes – I/We give my/our consent to the Tr	rust pr	ocessing personal data	and sensitive personal data	
about me/us		74.44		
No – I/We do not give my/our consent to	o the T	rust processing persona	al data and sensitive personal	
data about me/us				
Yes – I/We give my/our permission for th	he Trus	st to make contact with	both the Head and Bursar to	
discuss this application				
		· · · ·		
In the event of the applicant not giving consent, the			d further.	
Potential beneficiary (To be signed only if aged 13 years old or older)				
Full Name:				
Date of Birth:				
Date of biftii.				
Signature:		Date:		
	Parar	nt/Legal Guardian	Parent/Legal Guardian	
	Parei	it/tegai duardian	Parent/Legal Guardian	
Relationship to potential beneficiary				
Relationship to potential beneficiary				
Full name:				
Signature:				
Date:				