

ALDERMAN NEWTON'S EDUCATIONAL FOUNDATION

GRANT APPLICATION (SCHOOLS)

SCHOOL NAME:

ADDRESS:

TEL NO:

FAX NO:

E-MAIL:

Background of school:

Number on roll:

% of free school meals:

Indices of deprivation relevant to the school:

1. Is your application for financial assistance to support?

- Pupils
- A specific project
- Other

Please Specify: _____

2. Please give a short description of the school's context and Ofsted status.

3. Please give brief details describing the support required including costings.

4. Please describe how this will benefit the pupils and school.

5. For projects please give start date and expected completion date.

PLEASE ENCLOSE A COPY OF YOUR SCHOOL'S BUDGET STATEMENT

Please complete and sign

Chairman of the Governing Body:

NAME:

SIGNATURE:

DATE:

Headteacher:

NAME:

SIGNATURE:

DATE:

Church Schools Only:

Incumbent:

NAME:

SIGNATURE:

DATE:

If you haven't enough space on the form please use additional sheets