

**HALLIFAX EDUCATION TRUST  
APPLICATION FORM FOR EDUCATIONAL GRANT  
FOR THE ACADEMIC YEAR 2025/2026**

Please complete and return this form by **30th September 2025** to:

Mrs Claire Wilson  
Administrator, Hallifax Trust  
11 Lambs Lane  
Lawshall  
Bury St Edmunds  
Suffolk IP29 4PE  
***email: hallifaxtrust@gmail.com***

The information given on this form remains confidential.

1. Name of Applicant.....  
  
Home Address.....  
  
.....  
  
Home Tel No..... Contact Tel No during term time .....  
  
Email .....
2. Date of birth.....Age on 01/09/25 .....
3. Name of College.....  
  
Address.....
4. Where will you be living during term time?.....
5. Is this your home address or college address?.....
6. Description of course.....
  - a) Length of course.....
  - b) Starting Date ..... Finish Date.....
  - c) Qualification you hope to achieve.....
  - d) If your course is not at a University/Further Education College or is short-term, please supply details:  
  
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7. Names of schools attended and dates.....

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8. If you did not attend Lawshall School, please state briefly your connection with the Parish of Shimpling:

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9. Estimate of expenses per annum

Tuition .....

Accommodation .....

Travel .....

Books and Equipment .....

Food .....

Total £ .....

10. Bank Account Details

Bank..... Branch .....

Account Name..... Sort Code..... Number .....

**General Data Protection Regulations (GDPR)** Under the rules of the GDPR there are lawful reasons for processing your data meaning that you will not have to opt-in to the communications you currently receive from us. By applying to the Hallifax Trust you have demonstrated a “legitimate interest” in the organisation.

The information given on this form is for use by the Hallifax Trust only and will not be shared. The Trustees will use the information you have supplied to contact you by email, assess your eligibility for grants, and to make payments to your bank account via BACS. We will only hold your details for as long as you are in receipt of a grant.

**Declaration** – These details are correct as the time of signing this form. I will notify the Hallifax Trust of any changes which may affect my eligibility for a bursary, for example moving home address or leaving the course.

Signature: .....

Date: .....