



15 High Street, Hampton TW12 2SA Tel. 020 8941 7866

Application for a School Uniform Grant

You may apply for a grant if you are on low income and live in Hampton, Hampton Wick, Hampton Hill, Teddington, Twickenham, Whitton, or the Mill Farm and Edgar Road estates.

Please post your completed form with accompanying documents to the above address.
Alternatively, you can apply online at our website www.hamptonfund.co.uk

Part 1 Please enter your details below in capital letters.

Title: Mr/Mrs/Miss/Ms	Date of birth:
First name:	Home Tel no:
Surname:	Mobile:
Address:	
Postcode:	
Email: This email address will be used to confirm your grant	Single/married/living with partner/widowed

Please list names and dates of birth of everyone who lives at the above address.

Name in capital letters	Date of birth	Name in capital letters	Date of birth

You must provide details of income for everyone who lives at this address and attach proof of income for all adults (copies are acceptable). Full time students should provide a copy of their student status letter. Trustees cannot consider a grant unless you provide these supporting documents. Please enclose a stamped addressed envelope if you want these documents returned.

Type of income	Amount	Type of income	Amount
State Pension	£	Wage/Salary	£
State Pension	£	Wage/Salary	£
Private Pension	£	Working Tax Credit	£
Pension Credit	£	Job Seekers Allowance	£
Attendance Allowance	£	Employment & Support Allowance	£
DLA Care / PIP daily living component	£	Child Benefit	£
DLA / PIP Mobility	£	Child Tax Credit	£
Carers Allowance	£	Universal Credit	£
Income Support	£	Other income	£

Does Housing Benefit / Universal Credit pay towards your rent and/or council tax? How much?	YES/NO £
You must provide a copy of your Housing Benefit decision letter, Universal Credit Statement or evidence of rent/mortgage paid. If you do not send this, we cannot allow for these payments, so your grant may be lower.	
Do you, or anyone who lives with you, have any savings above £6,000? If Yes, please state total amount.	YES/NO £

Office use only

Documents checked & assessed: UC/ESA Payslip CTC/WTC PIP/AA SP/PC

HB Bank Statement BS details/Other: _____ Assessor signature _____

Part 2 School Uniform Grant

The School Uniform Grant is a contribution towards your child's first secondary school uniform. Parents are expected to cover all additional costs. We will not fund repeat school uniforms.

Which school does your child currently attend?

Name of Child	Name of School
---------------	----------------

Please provide a copy of your child's acceptance letter from their chosen Secondary School.

Name of School	Confirmed Start Date
----------------	----------------------

Please indicate your preferred supplier

You must indicate which supplier you have chosen to purchase the school uniform from. If your application is successful, you will receive a gift card for your chosen supplier. Refunds are strictly prohibited.

Supplier Name	Address
---------------	---------

I confirm that the information is correct to the best of my knowledge and accept that you will need to share information with my child's school and if applicable uniform supplier. I consent to you processing & storing the data supplied on this form in order for this application to be considered.

Signature	Date
-----------	------

Trustees cannot consider your application unless you have completed all the above parts of this form and enclosed documents giving details about the income of everyone living at your address.

Where did you hear about us?

- Website Social media Friend/relative Civic Centre Library Citizens Advice
 School Advert/Leaflet Previous Applicant Other _____

Part 3 Authorising another person to talk to us on your behalf

If you would like another person (e.g. a relative, friend or a support worker) to speak to Hampton Fund on your behalf regarding your application, please fill in and sign the section below:

I give the person named below permission to speak on my behalf to Hampton Fund about my application and give Hampton Fund permission to furnish the said person with the information they ask for. A note will be made on my file regarding this authorisation and I understand that this permission will be valid until I withdraw it in writing.

Name of person you authorise to speak on your behalf:	
Their relationship to you:	Their contact telephone number:
Applicant signature & date	

Please post your completed signed form with supporting documents to:

Hampton Fund, 15 High Street, Hampton TW12 2SA