



# THE HOLYWOOD TRUST

## Application Form

for

## Individuals

The Holywood Trust assists young people aged 15 - 25 who are resident in Dumfries and Galloway, particularly those experiencing mental, physical and social disadvantage. It does this through grant awards to young people, and by actively seeking opportunities to support others working directly with or for young people.

The Holywood Trust, which takes its name from the Parish of Holywood on the outskirts of Dumfries, was founded and endowed by the late Sir John Keswick of Portrack, and his daughter, the late Mrs Margaret Keswick Jencks. It became operational in 1981, and is administered by a board of Trustees together with a professional staff based at Mount St Michael, Craigs Road, Dumfries DG1 4UT.

[www.hollywood-trust.org.uk](http://www.hollywood-trust.org.uk)

Scottish Charity No. SC 009942

**PLEASE READ THE WHOLE FORM BEFORE ATTEMPTING TO COMPLETE IT**

## ***Please do not leave any section of this form blank***

### **Eligibility Criteria**

To receive support from the Holywood Trust you must usually be:-

- 15-25 years old.
- resident in, or have recently resided in, Dumfries and Galloway.

*Generally we will be keen to provide support where it will enable a young person to be more self-sufficient and is helping them to move their lives forward.*

*All applications will be considered individually. It will always be helpful to have a supporting letter from a third-party who knows you in a formal capacity. Depending on your circumstances the third-party could be a Social Worker, support worker, college tutor, sports coach, etc. (If you are applying for an award to meet personal/living expenses a supporting letter is usually a requirement). It will assist us and speed up the processing of your application if you organise a letter of support before you send your application to us.*

### **Level of Awards**

The awards made by the Trustees normally fall into the range of £50 - £500, however the average award is around £200. The amount awarded will depend on your need and your personal (or family) circumstances.

### **Filling In This Form:**

- The purpose of this form is to provide us with information about you, your circumstances and your need for assistance from the Trust.
- The form provides for a very wide range of circumstances; if a section does not apply to you write "not applicable" (n/a), "none", etc., but **do not leave any section blank**.
- Please complete the form yourself in black ink.
- Use continuation sheets if you do not have enough space to provide your answer or if the questions on this form have not given you the opportunity to tell us about yourself and any special circumstances or hardships you face.
- If you enclose any documents or other supporting information with this form please ensure that a note is made of this in the appropriate section on the back page of the form. If you require any of them to be returned please mark them "ORIGINAL - PLEASE RETURN".
- IF YOU ARE UNCERTAIN ABOUT HOW TO COMPLETE ANY PART OF THE APPLICATION FORM, CONTACT US AND WE WILL HELP YOU; you can also find information on the Trust's website.

Financial support from the Trust is provided entirely at the discretion of the Trustees.

It will be a condition of any award made that you agree to let us know what you have been able to achieve with it.

### **Trust Contact Details:-**

**The Holywood Trust  
Mount St Michael  
Craigs Road  
DUMFRIES  
DG1 4UT**

**Tel: 01387 269 176  
Fax: 01387 269 175  
E-mail: [funds@holywood-trust.org.uk](mailto:funds@holywood-trust.org.uk)  
Web: [www.holywood-trust.org.uk](http://www.holywood-trust.org.uk)**

**PLEASE RETURN THIS FORM TO THE ABOVE ADDRESS WITH SUFFICIENT STAMPS TO POST A "LARGE LETTER".**

Our receipt of your application will be acknowledged if you provide an e-mail address. The Trustees' decision will be notified to you in writing.

Please read through the whole form, including the notes on the opposite page, before you start to complete it.

## Your Details

First Names:			
Surname:			
Date of Birth:	Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Living with Partner <input type="checkbox"/> Other <input type="checkbox"/>			
Where "other" please provide details: .....			
Home Address		Other Address (if applicable)	
Postcode		Postcode	
E-mail address			
Telephone Numbers			
Ethnic Origin: White <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black, African <input type="checkbox"/> Black, Caribbean <input type="checkbox"/> Black, Other <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other <input type="checkbox"/> Please specify .....			
Do you consider yourself as having a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> (A disability is something that can be a physical or mental condition which affects your day to day life. It can take many forms eg needing to use a wheelchair, having a long term illness, severe asthma, dyslexia, epilepsy, ME, depression or anxiety)			
If "Yes", please describe .....			
Are you:- (Please tick <b>all</b> boxes which apply to you).			
In full-time education <input type="checkbox"/>	In part-time education <input type="checkbox"/>	In full-time employment <input type="checkbox"/>	
In part-time employment <input type="checkbox"/>	On training programme <input type="checkbox"/>	On support programme for the unemployed <input type="checkbox"/>	
At home with child <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Other (please detail below) <input type="checkbox"/>	
Please provide details of the following, where applicable, or write "not applicable":-			
Name of University/College/School .....			
Year of study .....			
Name of course .....			
Name of Employer .....			
Job Title .....			
Details of training or support programme .....			

Do you have a Social Worker/support worker/Health Visitor or do you work with an organisation or agency to receive personal support or training? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", please give the names of the people you deal with, along with the name of their organisation and their contact details, on page 9 of this form – "Support for your Application"	

## Education Details

Please give details of your education history from Primary School onwards:

Name of School, College (including campus name), university, etc	Location (i.e. name of town/village)	Dates

## Qualification Details

What qualifications have you obtained to date:

	Subject	Grade	Subject	Grade	Subject	Grade
Int 1						
Int 2						
Standard Grades						
Highers						
Advanced Highers, etc.						
Diploma, Certificate, Degree						
Other (including qualifications, certificates of competence and licences for work-related activities – e.g. Chainsaw certificate, driving licence, HGV/LGV licence, SVQ, etc.)						

## Employment Details

If you are or have been employed please provide details. If self-employed please state “self-employed” under “Name of Employer”.

Name of Employer	Job Title	Part-time	Full-time	Approx. dates

## Income Information

**Income** - Please provide details of ALL sources of your income. This could include wages, grants, bursary, student loan, benefits and maintenance payments. This should include spouse/partner income when applicable.

Source of Income	Amount of Income	Weekly/monthly/per term?
Employment Income		
Benefit Income (e.g. sickness, disability, unemployment, tax or child benefits, etc. – please specify) ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....
Training Allowance		
Student Grant/Bursary		
Student Loan		
Spouse/Partner Income ..... .....	..... .....	..... .....
Other Income (including parental support) ..... .....	..... .....	..... .....

If you are: - a **student**, please enclose a copy of the award letter from your College or the SAAS Award Notice (pages 1 and 2).

- in **employment**, please enclose a copy of your most recent payslip.

- in receipt of any kind of **benefit** (e.g. JSA, Income Support, etc.), please send a copy of the letter you received telling you how much you would be awarded.

If you are reliant on others for your needs, what is the main source of income in your household (tick one only):

Employment Income

Employment Income & Tax Credits

Benefits

Other  (please give details).....

**Expenditure** - Please provide details of your expenditure. This should include costs associated with your accommodation, food, travel, telephone, debt repayments and any other necessary expenditure.

Item of Expenditure	Amount of Expenditure	Weekly/monthly/ per term/etc.

**Debts Details** - (You should give totals here – any weekly/monthly payments should be included in “Expenditure” above)

Detail of Debt – e.g. bank loan for car, bank overdraft, credit cards, etc.	Amount
<b>TOTAL</b>	

**Savings Details**

Savings – e.g. savings account/s, shares, etc.	Amount
<b>TOTAL</b>	

## Family Information

The Trustees want to understand your family circumstances. Please tick all boxes which apply to you.

The first section will let us know about your brothers and sisters (you may want to include half/step-brothers/sisters); the example on the first line details a 16 year old sister who lives at home, is at school and has a part time job.

Brother	Sister	Age	At Home	Away from home	At school	At College/ University	Employed Full-Time	Employed Part-Time	Unemployed
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I have no brothers or sisters</b>				<input type="checkbox"/>					

Are you in contact with both of your parents? Yes  No  - if "No", tell us about this:

Do you receive financial support from your parent(s)? Yes  No

If "Yes", how much? ..... From Mother  Per week  Per month

If "Yes", how much? ..... From Father  Per week  Per month

(Tick as appropriate and use a continuation sheet to explain, if necessary)

Please tell us about your living arrangements, ticking **all boxes** which apply to you at present. Do you live:-

with both parents?  with mother only?  with father only?  with mother and her new partner?

with father and his new partner?  on your own?  with spouse/partner?  with child/ren?

with a guardian?  in student accommodation during term time?  in flat-share accommodation?

in homeless accommodation?  In Care?  Other?

If "Other", please give details:.....

If you have dependents (e.g. spouse, partner, children), please give details:

Which of the following do you feel most closely describes the circumstances in which you have grown up (tick as appropriate):

- I have grown up with and had support from my parents
- I have grown up in a lone parent family and have had lots of support from my other parent
- I have grown up in a lone parent family and have had no contact with my other parent
- I have grown up in a lone parent family and have had contact but no support from my other parent
- I have grown up with guardian(s)
- I have mostly been In Care

(By "support" we mean the general support you may expect from your mother and father, eg. emotional, practical, etc. in addition to financial support).

If none of these apply to you, or they do not satisfactorily describe your circumstances, please use the space below to give further details:

.....  
 .....

If you have been In Care at any time, please tell us about this:

.....  
 .....

**Details of assistance required for:** (please print your name here) .....

Why do you need assistance from the Trust? Tell us about your circumstances and particularly anything which affects your or your family's ability to meet your needs. (This could include health or other conditions, family difficulties, substance misuse issues, being in trouble with the police, etc.).

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How much money do you need and what do you need it for? Please be specific and provide a detailed breakdown of costs; if this is not possible please provide budget headings and an estimate of your costs. If you are applying for an award to help you participate in a project or some other activity, please send any information you have regarding the project or activity and the costs involved.

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Please tell us how an award from the Trust will help with your personal development and what contribution, if any, it will help you to make to the wider community?

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Do you have any funding in place already? This could be your own funding, family funding or support from other agencies or organisations. Yes  No

If "Yes", please provide details .....

Have you made any other applications for funding for which you are awaiting a response? Yes  No

If "Yes", please provide details .....

Is there any other funding which you could apply for? Yes  No

If "Yes", please provide details .....

If you have a particular dead-line to meet or your need is urgent, please give details.

.....

If the Holywood Trust does not provide you with support what will you do?

.....

.....

## Other Information

If the award you are applying for is to meet basic personal needs such as clothing or household items for you or your family, because of financial hardship, tell us about the specific steps you propose to take so that you can provide these items for yourself in future. (This could include continuing with previous employment or taking up education or training opportunities which increase your employability).

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## Support for your Application

As detailed previously, it will always be helpful to have a supporting letter from a third-party who knows you in a formal capacity (i.e. who is not a family member or friend). Depending on your circumstances, the third-party could be a Social Worker, support worker, college tutor, sports coach, etc. (If you are applying for an award to meet personal or household expenses a supporting letter is usually a requirement). It will assist us and speed up the processing of your application if you arrange for a letter of support to be provided before you send your application to us.

By providing third-party details below you are confirming that we may contact them to discuss your application and ask them to confirm information about you and your circumstances.

### Details of Social Worker, support worker or others who work with you in a supporting role

Name and Job Title	Organisation	Contact Details

## Previous Applications to the Holywood Trust

Have you made any applications to the Holywood Trust before?

Yes

No

If "Yes", and successful, what was the purpose of the award?

When did you receive it?

How much did you receive?

If you have received support from the Trust previously, the Trustees will want to know what you were able to achieve with the award and how it has helped you to improve your circumstances.

## Data Protection Statement

The information you have provided on this form and any supplementary information you have provided will be treated in the strictest confidence, securely stored and access to it limited to specified staff members and the Holywood Trust Trustees. (It may sometimes be shared with others, but only in the circumstances described below). It will be stored in both its original paper format and processed for electronic storage within our computer systems. The information stored electronically will be used to assist with the administration of your application and also combined with all other information we hold to assist with the general management of the Trust and also to make statutory and other returns. The information provided externally by way of these returns will be general statistical information only and will not identify any individuals.

There will be occasions when the Trust would like to share information on or about your application with third-parties outwith our organisation (i.e. other than staff and Trustees). Detailed information will be shared with third-party professionals involved in the preparation of, referral of, or who have provided supporting information for, your application. (Examples are: your Social Worker, a health professional working with you or your family, a Student Adviser, a support worker and the Citizens Advice Service).

In addition, if you are engaged in a course of study at College, University, or similar, you confirm that the Trust may contact the Institution to confirm the details you have given to us, including any financial support you receive and your ongoing attendance at that Institution.

Applications and any supporting information received will be kept for 7 years or until your 26<sup>th</sup> birthday, whichever the longer.

**Declaration:** *I confirm that the information I have provided gives an accurate overview of my circumstances. This information may be processed, stored and shared as detailed in the Data Protection statement above.*

Signed ..... Date .....

**If this form has been completed by someone else** on your behalf, their details (name, capacity in which support is being provided, contact details) should be entered here:

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Please list any enclosures	Date Received	Date Returned