

**Spoore Merry & Rixman Foundation**



**Application form to be completed for an individual  
applicant under the age of 16 years**

**Please answer all the questions**

**When completed return form  
(with a stamped addressed envelope) to:  
CLERK TO THE TRUSTEES  
(Spoore Merry & Rixman Foundation)  
PO Box 4787,  
Maidenhead,  
Berkshire SL60 1JA  
Tel. 020 3286 8300**

# Spoore Merry & Rixman Foundation



Name: Surname: ..... Forenames: .....

Address: .....  
.....  
..... Post Code: .....

Email Address: .....

Parent/Guardian National Insurance Number: .....

Have you received a grant before?            Yes                            No

1.    Date of Birth: ...../...../.....                            Age: ..... Years

2.    Schools Attended:

Name of School	From	To

3.    Details of relevant examinations passed or qualifications gained:

Examination or Qualification	Date

4.    Occupation of Father or Guardian: .....

5.    Occupation of Mother or Guardian: .....

# Spoore Merry & Rixman Foundation



6.

i. Total combined gross annual income of parents/guardians Approx £ .....  
 If self-employed please attach copy of last accounts, but if employed supply copies of your last P60

ii. Any major outgoings (e.g. Mortgage or Rent) that you would like to be taken into consideration:

.....  
 .....  
 .....  
 ..... £ .....

7. Numbers of brothers/sisters with names and ages (in age order)

Names	Ages

8. Details of Assistance required:

i) Brief but essential details including name and address of any relevant teacher or coach:

ii) Details of main items (fares, subsistence, etc) with cost involved

£

.....  
 .....  
 .....  
 .....

Total .....

9. Amount to be raised by applicant's own efforts £ .....

# Spoore Merry & Rixman Foundation



10. Details of other financial support already promised:

£

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.....	.....
.....	.....
.....	.....
.....	.....

Total

.....

Or applied for:

£

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.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Total

.....

Signature of Parent or Guardian: .....

Please print your full name:.....

Date: ...../ ...../ .....