**THE CROSSLEY HEATH SCHOOL**

**REQUEST FOR EDUCATIONAL GRANT FROM THE CROSSLEY FOUNDATION**

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| **PERSONAL INFORMATION** |
| NAME OF PARENT(S)/GUARDIAN |  |
| NAME OF PUPIL  |  |
| FORM  |  |
| ADDRESS |  |
| **PARENTAL INFORMATION** |
| Single Parent | YES / NO |
| Name of Parent/Guardian 1 | WORKING/UNEMPLOYED/SICK/DISABLED/PENSION/OTHER(Please circle as appropriate) |
| Name of Parent/Guardian 2 | WORKING/UNEMPLOYED/SICK/DISABLED/PENSION/OTHER(Please circle as appropriate) |
| OTHER CHILDREN LIVING AT HOME IN FULL TIME EDUCATION(Please list with ages): |

***FINANCIAL INFORMATION* – We will be unable to assess your request without documentary evidence of your income – please include either your Universal Credit or Tax Credit form. If not applicable provide recent payslips.**

|  |  |  |  |
| --- | --- | --- | --- |
| **MONTHLY INCOME** | **AMOUNT** | **MONTHLY EXPENDITURE** | **AMOUNT (estimated)** |
| Parent/Guardian 1 income |   | Rent |   |
| Parent/Guardian 2 income |   | Mortgage |   |
| Job Seekers Allowance |   | Council Tax |   |
| Incapacity Benefit |   | Water charges |   |
| Income Support |   | Gas/Electric |   |
| Child Benefit |   | Loan repayments |   |
| Working Family Tax Credit |   | Court Orders |   |
| Child Tax Credit |   | Food |   |
| Widow’s Pension |   | Life Insurance |   |
| Retirement Pension |   | Other |   |
| Board from other people living in the house |   |   |   |
| Maintenance |   |   |   |
| Other income or benefits |   |   |   |
| **TOTAL** |   |   |   |

|  |  |
| --- | --- |
| Are you currently in receipt of free school meals  | YES / NO |

|  |  |
| --- | --- |
| Have you received free school meals at any time in the last 6 years?  | YES / NO |

**STUDENT’S NEEDS**

Please detail below what the grant is required for and estimated cost. (continue overleaf if needed)

DECLARATION

I confirm that all the above information is correct to the best of my knowledge and belief and I understand that wilful misrepresentation of my financial position will disqualify me from the award of any grant.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to Mrs S Woolliscroft at the School marked confidential with documentary evidence.