**THE CROSSLEY HEATH SCHOOL**

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

|  |  |
| --- | --- |
| **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.