

SOUTHCURCH HIGH SCHOOL

FINANCIAL ASSISTANCE APPLICATION FORM



Notes for Completion:

- The school aims to support families in ***genuine*** need with financial assistance to allow all students to access education at Southchurch High School equally.
- The school does not make cash payments to parents/carers but may, under certain circumstances, provide financial assistance with the purchase of certain items of uniform.
- Each application will be considered on its individual merits and all information available will be used to assess whether the school is able to provide financial assistance. It is, therefore, in the claimant's best interest to supply as much supporting evidence as possible.
- NO application will be considered without supporting evidence of need.
- Incomplete forms will not be considered
- Completed forms should be sent to the relevant Head of Year for initial processing

School use only			
Date form received		Form Received by	
Student Name		Year Group ^{delete} as appropriate	7 8 9 10 11

Please complete all sections in CAPITAL LETTERS

Section 1 - Applicant's Details	
Title:	<i>Miss, Ms, Mrs, Mr or Other</i>
Surname or Family Name:	
First Name:	
Partner's Surname: (if applicable)	
Partner's Forename: (if applicable)	
Address:	
Telephone:	
Email address:	

Section 2 - Children you wish to claim for				
Name of child	Year Group	Date of birth	Male/Female	Eligible for Free School Meals Y/N

Section 3 - Items for which you would like assistance

Uniform please <i>include sizes</i> :	Item	Required Y/N	Size	
	Jumper x 1			
	Shirts x 2			
	Trousers x 1			
	Skirt x 1			
	Blazer x1			
	PE Top x 1			
	PE Shorts x 1			
SCHOOL USE ONLY			Cost	£

Section 4 - Home Financial Circumstances

What is the total monthly income of your household? <i>(this must tally with the breakdown in section 5)</i>		£
Are you claiming any benefits or currently applying for any benefits?		Yes/No
Please specify which ones:	Universal Credit	
	Child Benefit	
	Disability Living Allowance	
	PIP	
	Child Maintenance	
	Carers Allowance	
	Guardian's Allowance	
	Other (specify overleaf)	

Please explain your family circumstance, indicating why your child should be considered for funding. Please provide as much detail as possible to enable us to carefully consider your application.

Section 5 - Documentation to Support the Application

To support this application, please detail your **total** monthly household income. Supporting documentation must be attached to this form for each element declared.

(This must tally with your total income stated in section 4)

Universal Credit Statement	£
Disability Living Allowance	£
PIP	£
Payslips (if you are paid monthly include the most recent three months or, if weekly, the most recent four weeks)	£
Carers/Guardians Allowance	£
Pension	£
Child Benefit	£
Evidence of income if self employed	£
Other means tested benefit (please give details)	£

Declaration

I confirm that all the information provided on this application form is accurate and no information has been withheld that would be relevant to my request for financial assistance.

Signature of applicant: _____ Date: _____

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Head of Year comment:

Signature:

Name:

Financial Assistance Decision

Decision regarding the application: **APPROVED/NOT APPROVED**

If not approved, reasons for rejection of the application:

Signature of SLT PP Lead

Authorised by
Headteacher

Date

Date

Date Order Submitted to Crawlers (if applicable)

Finance Manager Signature