****

**CONFIDENTIAL**

**MAGDALEN COLLEGE SCHOOL BRACKLEY**

**Application for Financial Support**

**For Students in Year 7 - 11**

Please complete this document if you need to apply for financial assistance. Your application will be treated with the utmost discretion. We trust you will appreciate the need to give details of financial circumstances in order that we can deal with requests fairly. Unfortunately our funds are limited and so we may not be able to support all requests received. Please, therefore, try to give as much information as you can in order that we can make an informed decision. It may be necessary to consider support already given to a family in deciding whether or not an application is successful.

You should allow one working week for the processing of your application and we will endeavour to respond within this time whenever possible.

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| **Section 1 PERSONAL DETAILS** | |
| Child’s Name: | Tutor group |
| Name and address of parent or carer making application:  Contact details (telephone/email): | |

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| **Section 2 BACKGROUND** | | |
| 1. Is the student eligible to receive free school meals?   Has the student been eligible for free school meals in the last six years? | Yes  Yes | No  No |
| 1. Are you in receipt of Income Support, Universal Credit or similar benefits? | Yes | No |
| 1. Is the student a person in care? | Yes | No |
| 1. Are you a disabled person in receipt of Employment and Support Allowance who is also in receipt of Disability Living Allowance, Universal Credit or other significant support provided by the authority | Yes | No |

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| **Section 3 HOUSEHOLD INCOME** |
| What is the annual household income from earnings?  What benefits are received? (state type and amount):  ***Please supply evidence of the household income by way of a recent P60, Receipt of Benefit Notification, or Self Employed Income Notification.*** |
| Please provide here any further information you wish to be considered about the financial circumstances of the household.  ***This is essential if you are not in receipt of benefits*** |

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| **Section 4 DETAILS OF ASSISTANCE REQUESTED** | |
| Please provide details of items you wish to claim for  (if this is for a school trip, see below\*).  \*for school trips, please indicate the following:   * The date of the trip * Total cost of trip * Whether a place has been offered on the trip * Whether any payment has been made: | **Amount of support requested**  **£** |
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| **Section 5 DECLARATION** | |
| I confirm that all information provided on this form is accurate and true. I understand that, if I knowingly gave information which is discovered to be false the School will seek to recover from me any monies to which I am not entitled. | |
| Parent signature: | Date: |

**PLEASE RETURN THIS FORM, TOGETHER WITH ALL DOCUMENTATION REQUIRED, TO: Mr Sukh Singh**

**BUSINESS MANAGER, MAGDALEN COLLEGE SCHOOL,**

**WAYNFLETE AVENUE BRACKLEY NN13 6FB**

**Or email it to:** [**businessdirector@magdalen.northants.sch.uk**](mailto:businessdirector@magdalen.northants.sch.uk)

**For school use only**

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| **For completion by the Business Manager**  **Discretionary hardship payment granted? YES / NO\***  **\*Details and amount of award**  **Items allowed:**  **Amount of award £**  **Award/part award refused**  **Reasons below:**  **Signature ………………………………….. Date………………………** |

Finance Office/uniform supplier\* informed of student’s name, item(s) and amount awarded. (\*delete as appropriate)

Date and initials:……………………