

Goldsworth Support Fund Application Form

Your details Please complete in capital letters

Title				
First Name				
Surname				
Partner's First Name (if applicable)				
Partner's Surname (if applicable)				
Address				
Telephone				
Email address				
Pupils you wish to claim for				
Name of Pupil		Year Group		

Grounds for Application (please tick all that apply)

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Grounds for Application	Tick if applies
In receipt of qualifying benefits for Pupil Premium Grant Funding	
Very low family income	
Unexpected financial hardship	
Other (please specify):	



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Uniform Application - please provide sizes for items. Please note we may not be able to provide full funding for all items requested. We do have 'pre loved' uniform available via our Friends at our termly uniform sales.

Item	Tick if needed	Size(s)
House T-Shirt		
Logo Sweatshirt		
Logo Cardigan		
Logo rucksack		
Voucher for		
shoes/Trainers		
Voucher for		
trousers/skirt/Jogging		
trousers etc.		

Trip and Visit Support Application

The Fund can support:

- any one school trip up to the value of £20
- an externally run workshop up to the value of £15
- a residential trip up to 50% of the cost.

School Trip, workshop or residential	Year Group	Date of activity	Amount requested



Application for other support *please indicate other support you are applying for*

T	ype of additional su	pport	Additiona	Additional information to support application			
Pleas	e add any additiona	I information in	support o	f your application			
eclar	ation						
certi	y the information	orovided here is	s true. I u	nderstand that a	false de	claration w	ll result in the
efusa	l of this application.						
				T			
Signature of Parent/Carer			Date				
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	vorth Primary USE (Received	By		Approved Y/N		Date	
Date	Neceiveu	Бу		Approved 1/10		Date	