

**FORM A
APPLICATION FOR BURSARY SCHEME ASSESSMENT
ACADEMIC YEAR 2019/20**

(Please circle the school(s) you are applying for – if applying for more than one school only one form is required to be completed)

TRINITY WHITGIFT OLD PALACE OF JOHN WHITGIFT

The information provided in this form will allow us to make a provisional bursary assessment. If your son/daughter is awarded a bursary you will then be required to complete a Form B which will be used to calculate the actual bursary award. All bursary holders are required to complete a Form B annually.

Please ensure that you read and refer to the enclosed guidance notes when completing this form, ensuring that photocopies of all evidential documentation referred to in the checklist is provided for the tax year indicated. The Foundation reserves the right to request any further documentary evidence which it deems necessary to complete a thorough assessment of this application.

All questions must be answered by entering a description or figure. If a question is not applicable please indicate by writing N/A.

The form should be completed and returned to The Whitgift Foundation no later than
Friday 30 November 2018
Forms submitted after this date may not be assessed and therefore a bursary place will not be offered

I DETAILS OF CHILD THIS APPLICATION IS BEING MADE FOR (see note 1)

Child's surname:

Child's first name:

Middle name(s):

Date of birth: Place of birth:

Child's current address: Correspondence address (if different):

.....

.....

.....

School currently attended by child and start date:

Has the child ever lived outside the UK (excluding holidays abroad): Yes No

If YES, please provide dates of when the child lived abroad:

.....

2 PARENTAL/GUARDIAN DETAILS (see note 2)

Full name of father:

Father's contact email:

Home telephone no: Mobile no:

Employment status: Unemployed Employed Self-employed

His profession, business or trade:

Name and address of employer or address of business:

.....

Are you a director of this company? Yes No

If YES, please state proportion of each class of shares you hold:%

Full name of mother:

Mother's contact email:

Home telephone no: Mobile no:

Employment status: Unemployed Employed Self-employed

Her profession, business or trade:

Name and address of employer or address of business:

.....

Are you a director of this company? Yes No

If YES, please state proportion of each class of shares you hold:%

3 DEPENDENT CHILDREN (see note 3)

Dependent children's names	Date of birth	Children's unearned income	
		Actual to April 2018	Estimate to April 2019
Child (named on this application)		£	£
Other dependent children: Name:	/ /	£	£
Name:	/ /	£	£
Name:	/ /	£	£
Totals		£	£

Dependent children at other schools:

Name: School:

Name: School:

Name: School:

5.2 Capital assets – what you own

a) Do you own or rent your home? <i>Please circle</i>	Own	Rent
b) Approximate value of owned home	£	
c) Value of other possessions including home contents, motors cars, etc	£	
d) Cash at all banks or elsewhere	£	
e) Approximate value of investments (Shares, PEPs, ISA's etc)	£	
f) Approximate value of any other assets not included in a) – e) above	£	
g) Total value of any other properties owned (in the UK or abroad)	£	
h) Are other properties rental properties? <i>Please circle</i>	Yes	No
i) List the addresses below of all other owned properties and value of each		
Postcode	£	
Postcode	£	
Postcode	£	

5.3 Capital liabilities - what you owe

a) Outstanding mortgage (main property/family home)	£	
b) Total of all other outstanding mortgages as referred to in section 5.2 i)	£	
c) Total of any current overdraft	£	
d) Total of all loan balances outstanding	£	
e) Do you have any charges listed against the properties you own? <i>Please circle</i>	Yes	No

If the answer to 5.3 e) is YES, state the property address including postcode and value of the charge:

Postcode	£
Postcode	£
Postcode	£

6 DECLARATION (see note 6)

We/I declare to the best of our/my knowledge and belief, all the particulars here submitted are true and contain a full statement of our income from all sources during the periods shown.

We/I understand that the provision of false information will lead to our application being disqualified from assistance under the bursary scheme and full fees would become payable thereafter.

Father's signature: Date:

Print name:

Mother's signature: Date:

Print name:

In the case of the declaration being signed by only one parent, please circle as appropriate:

Divorced Widowed Separated

Please return this FormA together with all supporting documentation by 30 November 2018 to:
School Fees Office, The Whitgift Foundation, North End, Croydon, Surrey, CR9 ISS
 Bursaries are awarded at the full discretion of TheWhitgift Foundation