



Application Form for Financial Assistance (Updated 26/01/2017)

PERSONAL DETAILS								
Applicant's Full Name (Mr./Mrs./Ms.):- (Please provide evidence of ID)	Telephone numbers:							
Relationship to child:	Spouses full Name: Mr/Mrs/Ms:							
Address:	Applicant's National Insurance Number:							
	Marital Status: (Please tick as appropriate)							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Single: Widow</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">Married:</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">Divorced:</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">Separated</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	Single: Widow		Married:		Divorced:		Separated
Single: Widow		Married:		Divorced:		Separated		
Spouse's National Insurance Number: (If Applicable)	How long have you been a parent at Date Valley?							
Are you a new applicant or previous applicant reapplying: Please circle:	Email address for applicants:							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 50%; text-align: center; padding: 5px;">New</td> <td style="border: 1px solid black; width: 50%; text-align: center; padding: 5px;">Previous</td> </tr> </table>	New	Previous	The bursary team may need to contact you if further information or clarification is required.					
New	Previous							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30%; padding: 2px;">Applicant Number:</td> <td style="border: 1px solid black; width: 70%;"></td> </tr> </table>	Applicant Number:						
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Date Valley School

Mitcham Court, Cricket Green, Mitcham, Surrey, CR4 4LB

Telephone: 0208 648 4647, email: managingdirector@dvst.org.uk



Applicant Number:	
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Please complete all sections, put N/A if not applicable.

DETAILS OF ALL DEPENDENT CHILDREN				
Name of child	Date of Birth. (For each child)	School Year in September when bursary is applicable	Does the child attend Date Valley:	Fees (Per annum)
1.			Yes / No	£
2.			Yes / No	£
3.			Yes / No	£
4.			Yes / No	£
5.			Yes / No	£
			TOTAL:	£
			How many of your children attending Date Valley do you need financial assistance for:	
			How much financial assistance are you looking for? (Please give percentage max 40%)	%
SUMMARY OF ASSETS AND LIABILITIES				
Assets				
Do you own a house?			Yes/No	£ Market Value
Is it mortgaged?			Yes/No/NA	£ Outstanding Amount
Do you own any other property – including overseas?			Yes/No	£ Market Value
Do you own any exceptional items of value, such as zakatable jewellery, etc?			Yes/No	£ Market Value
Do you own shares / bonds including ISA investments?			Yes/No	£ Market Value
Do you hold a Bank/Building society savings account?			Yes/No	£ Current Balance
Do you have any moveable assets worth individually over £500 (please specify e.g. Cars, computer, TVs, etc)			Yes/No	£ Market Value
If you own a car/s please specify car make(s), model(s) and registration number(s)	Car Make(s):		Car Model(s):	Registration number (s):
Debts				
Do you owe money to an individual or corporation (credit card debts, personal loans, etc.)? Please specify to whom and amount for each and why?			Yes/No	£ Outstanding Amount
Do you have any outstanding Hire Purchase agreements? If so for what?			Yes/No	£ Outstanding Amount

Do you have any outstanding payments to Date Valley School Trust? If so how much? Do you make payments on time? Do you contribute any of your time to Date Valley? Please specify e.g. PTFC, voluntary reading, fundraising etc.		Yes/No Yes/No Yes/No	£Outstanding Amount
INCOME/EXPENDITURE STATUS			
Occupation of applicant:		Occupation of Spouse:	
Rent			
Do you receive any rental income (including renting a room)? If so how much?		Yes/No £	
Work			
Do you own a business or are a partner / director in one?		Yes/No	
Are you and your spouse working at present?		Yes/No	
If you or your spouse are not able to work please specify why? For how long have you both been out of work?			
What steps are you taking to get back into employment for now and the future, once your situation improves insha Allah?			
Are you disabled or unable to work due to ill health? What is your illness/disability? Please provide medical evidence to support your statement (e.g. GP report)		Yes/No	
Income			
Do you receive a disability allowance / pension? Please provide evidence		Yes/No	
Do you have a source of income from abroad? If so how much?		Yes/No	
Do you have a family member who supports you financially? Or is there any extra funding for the child? If so how much?		Yes/No	
Do you pay maintenance allowance to a spouse? If so how much?		Yes/No	
Do you have any other dependents other than your spouse and children? Please give details		Yes/No	

DETAILS OF INCOME AND EXPENDITURE: Carefully calculate MONTHLY amounts (not weekly/quarterly)					
Income: (Monthly)	Amount:	Income: (Monthly)	Amount:	Expenditure: (Monthly)	Amount
Employment	£	DWP	£	Mortgage payment	£
Maintenance Allowance	£	Unemployment benefit	£	Rent	£
Property rental income	£	State pension	£	Contribution to investments	£
Housing benefit	£	Private pension	£	Council tax	£
Share dividends	£	Rent rebate	£	Debt Repayments	£
Partnership Profit	£	Other source of Income:	£	Telephone bill	£
Own business	£	ALL amounts MUST be filled in. If the amount is not applicable, please enter £0 but DO NOT leave blank. Do not include car maintenance, petrol, food, clothing and TV license.		Gas bill	£
Income support	£			Electricity bill	£
Child benefit	£			Maintenance	£
Family credit	£			Other (give details)	£
Child tax credit	£				
Working tax credit	£				
Incapacity benefit	£				

Please note, your application WILL NOT be considered unless supported by the relevant photocopied documentation and with all sections completed.

Please provide 4 most recent bank statements and pay slips.

A list of documents to include is listed at the end of the form.

PERSONAL STATEMENT

Please clarify why you wish for your child to attend Date Valley school:

ADDITIONAL INFORMATION

Any information relevant to your application, please also state why you require a bursary, any illnesses, any learning/behavioural or physical needs or extenuating circumstances for the child.

8. DECLARATION

I am committed to Date Valley School's educational philosophy and ethos.

I declare that the above information is correct to the best of my knowledge and belief.

Signed by the applicants:

Date:

PLEASE CHECK YOUR FORM AND SUPPORTING DOCUMENTS CAREFULLY BEFORE SUBMITTING.
Incomplete applications will be rejected

It is highly encouraged that if your financial status improves that you pay back this bursary award.

The repayments will be used to increase the amount of financial assistance the school can offer and help another family at their time of need inshaAllaah.

Examples of supporting documents required:

(The documents provided should confirm what is stated in the form with regards to your expenses and income.)

Income:

- Recent personal bank or building society statements of all the accounts you have for 4 months.
- Business bank statements.
- Pay slips or P60.
- The latest end of year tax return. (For the self employed)
- Evidence of any benefits received.
- Documentation of shares and dividends.
- Evidence of any other sources of income noted in the form.

Expenditure:

- Recent Mortgage or rental statement.
- Council tax bill.
- Credit or store card bills.
- All utilities bills (Telephone, gas, electric etc)
- Evidence of any other expenses noted in the form.

Other:

- Medical documents
- Previous academic reports on child
- SEN/Special needs statement and / or relevant documentation

Documents required from school:

- Statement from class teacher and Quran teacher
- Academic report
- Supporting comments from the Headteacher

Bursary Team

Assessed financial situation:	
Supporting documents satisfactory:	Yes/No
Further evidence required and comments:	
Financial assistance approved / rejected (reason):	
Bursary allocation in percentage and amount:	
Date:	Signed: