**HMS Pupil Support Fund: Application form 2024-25**

Please ensure you complete all the information required on this application form and return it with evidence of income or other supporting documentation (where required). Incomplete applications will be returned with the request that missing information is provided and will not be processed until completed.

**Stage 1:** Application completed. Email completed forms to finance@qehs.net or return to the finance office.

**Stage 2:** Application reviewed.

**Stage 3:** Decision communicated. If the request is granted, school will arrange payment for the agreed item.

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| **Details** |
| Parent/Carer title: |  | First name: |  | Surname: |  |
|  Pupil first name: |  | Surname: |  |
| Date of birth: |  | Form Group |  |
| Address: |  |
| Postcode: |  | Telephone: |  | Email: |  |
|  |
| **Please list what you would like financial assistance for, including £ values** |
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| **Please provide details of the circumstances which have prompted you to apply for assistance from the Pupil Support Fund** |
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| **Free School Meals** |
| Are you in receipt of free school meals? Yes No  |
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Where a child is not in receipt of free school meals, applications must be supported by some form of documentation to ensure a consistent and fair approach to the application process. This could be:

* Evidence of family income and/or proof of benefits. Proof should be in letter form and must have been issued within the last six months.
* A letter from an employer or GP or a reference from a reputable member of the community such as a vicar, charity or community organisation. Please include their contact details as they may be contacted for confirmation.

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| **Details of accompanying evidence** |
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**I declare that:**

* **I have read and understood the Pupil Support Fund Policy, and**
* **the information on this form is true and accurate to the best of my knowledge.**

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| Signed  |  |
|   |  |
| Name of applicant |  |
|  |  |
| Date |  |