A close up of a logo

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**Application for Bursary Assistance with GAM fees for 2022-23 Year**

If *for any reason you* are finding it hard to afford your child/children’s fees for music lessons and sessions with GAM (either in one of our centres or in school) then you are welcome to apply for a bursary.

We have tried to keep the form as simple as possible, but please do answer all the questions fully.

All information is kept strictly confidential and stored securely. Only those who need to see them have access to applications.

Please fill in the form, keeping all financial information for the last page only.

To submit your application to us, please print off the completed form, sign it, scan it and email it to [bursary@glosacadmusic.org](mailto:bursary@glosacadmusic.org) Unfortunately, we cannot accept typed signatures.

**We try to help as many deserving students as possible but, due to limited funds, we cannot guarantee that your application will be successful.**

Who are you applying for?

|  |  |  |
| --- | --- | --- |
| Student details | | |
| Name | Date of Birth | Address(es) |
|  |  |  |
|  |  |  |
|  |  |  |

Your details

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone Number | Relationship to student(s) |
|  |  |  |  |

GAM music session/lesson your child would like to attend

|  |  |  |
| --- | --- | --- |
| Name of student | GAM session | Location of session |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Who normally pays for these sessions? Do you get additional assistance from elsewhere?

How many children are you financially responsible for? Does anyone else contribute towards these costs?

|  |  |
| --- | --- |
| Does your child(ren) qualify for Pupil Premium? | yes/no |
| Name of School(s) |  |
| May we contact the school to verify? | yes/no |

Please tell us in as much detail as possible your circumstances and the reason you are asking for assistance with part or all of your child’s GAM fees e.g illness/ divorce/ redundancy/unemployment/failure of business or severe reduction of income/single parent/disability/other including if Covid – 19 related. If necessary add another page.

**Financial Information** (please note that we may require evidence to confirm these figures)

Please state your usual/most recent HOUSEHOLD monthly income and where it comes from (employment, self employment, pension, benefits etc).

Please state the total of your HOUSEHOLD monthly outgoings.

Declaration

By signing this form, you are confirming that the information you have provided is accurate.

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |
| Date of Signature |  |