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**Termly Application for Bursary Assistance with GAM fees**

**For 2023-24 Academic 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.

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.**

**We ask that you apply in July/August/September for the Autumn and Spring Terms, then again in April for the Summer Term, so that any changes in your financial circumstances can be taken into account.**

**Who are you applying for?**

|  |  |  |
| --- | --- | --- |
| **STUDENT DETAILS** | | |
| **Name** | **Date of Birth** | **Address(es)** |
|  |  |  |
|  |  |  |
|  |  |  |

**Your details:**

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

**The music session/lesson your child currently attends/would like to attend:**

|  |  |  |
| --- | --- | --- |
| **Name of student** | **Lesson/group** | **Location** *Please delete as needed* |
|  |  | School / Barbican House / Cheltenham |
|  |  | School / Barbican House / Cheltenham |
|  |  | School / Barbican House / Cheltenham |
|  |  | School / Barbican House / Cheltenham |

**Do you hold refugee status?** Yes / No

If **yes**, we will need to see your official immigration document with your photo on it. This is sometimes also called a biometric residence permit.

**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 |
| **Is your child currently eligible for Free School Meals?** | Yes / No |
| **Name of School(s):** |  |
| We will require evidence of eligibility from the School. | |

**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.** For example, illness, divorce, redundancy, unemployment, failure of business or severe reduction of income, single parent, disability, including if Covid-19 related. Please feel free to add another page if necessary.

**FINANCIAL INFORMATION**

*Please note that we may require evidence to confirm these figures.*

**Income**

Please set out your usual/most recent HOUSEHOLD monthly income and where it comes from:

|  |  |
| --- | --- |
| **Income Source** | **Amount** |
| Employment |  |
| Self-employment |  |
| Pension |  |
| Benefits |  |
| Child Maintenance Payments |  |
| Other (*please specify*) |  |
| Other (*please specify*) |  |
| Other (*please specify*) |  |
| Other (*please specify*) |  |
| **Total Monthly Income** |  |

**Outgoings**

Please set out your usual/most recent HOUSEHOLD monthly outgoings.

|  |  |
| --- | --- |
| **Outgoings** | **Amount** |
| Housing (e.g. rent, mortgage) |  |
| Utilities (e.g. gas, electricity, phone, Council Tax, TV, insurance) |  |
| Food |  |
| Car/transport |  |
| Other (*please specify*) |  |
| Other (*please specify*) |  |
| Other (*please specify*) |  |
| Other (*please specify*) |  |
| **Total Monthly Outgoings** |  |

|  |  |
| --- | --- |
| **Does your child(ren) receive any other bursary/payments towards their music tuition?** | Yes / No |

**Declaration**

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

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