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| **Annual Application for Bursary Assistance with GAM fees**  **2025-26 Academic Year** | A close up of a logo  Description automatically generated |

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 complete the form and email it to [bursary@glosacadmusic.org](mailto:bursary@glosacadmusic.org)

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

**This is an annual application. As part of accepting this award, you must inform us if your financial circumstances change at any point during the academic year.**

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| **Student information** | |
| First Name |  |
| Last Name |  |
| DOB |  |
| Pupil’s School Year (from September 2025) |  |
| Tuition/Session(s) required |  |
| Location (e.g. Barbican House, name of school) |  |
| **Parent/carer information** | |
| Parent/carer name |  |
| Parent/carer email |  |
| Do you hold Refugee Status? (Y/N) |  |
| Does the student qualify for Pupil Premium? (Y/N) |  |
| Does the student qualify for Free School Meals? (Y/N) |  |
| How many children are you financially responsible for? |  |
| Does anyone outside of your household contribute financially towards the children or young people living in the household, e.g. child maintenance, family support? |  |
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| **Monthly household income** | |
| Employment |  |
| Self-employment |  |
| Pension |  |
| Benefits |  |
| Other (please specify) |  |
| Other (please specify) |  |
| Other (please specify) |  |
| **Total monthly income** |  |
|  |  |
| **Monthly household outgoings** | |
| Housing |  |
| Utilities |  |
| Food |  |
| Car/transport |  |
| Other (please specify) |  |
| Other (please specify) |  |
| Other (please specify) |  |
| **Total monthly outgoings** |  |
|  | |
| Does the student receive any other bursary/payment towards their music tuition?  If yes, please provide details. |  |
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| Please tell us in as much detail as possible your circumstances and the reason you are asking for assistance with all or part of your child’s GAM Fees. For example, illness, divorce, redundancy, unemployment, failure of business or severe reduction of income, single parent, disability. |  |

**Declaration**

By signing this form, you are confirming that the information you have provided is accurate and you will update us immediately if your financial circumstances change.

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