

Hardship Fund Application Form

Your details

Name of Parent/Carer:	
Address:	
Postcode:	
Telephone:	
Email address:	

Student details

Name	Class

Support requested

Details of what you want the Hardship Fund to cover	Cost (£)

Please give a brief reason why you need support from the Hardship Fund

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Declaration

I certify that the information provided in this form is true.

Signature of Parent/Carer:

Date:

What happens next

Your application will be reviewed by members of the finance team and CEO. You may be contacted by the trust for further details in relation to your application, or to identify if there is any other support that could be made available to you.

You will be informed by a member of trust staff whether your application was successful.