



Application for Bursary Support

School year in which Bursary is to apply:

This form should be completed if you wish to apply for a bursary. Subject to academic entrance criteria a number of bursaries are available on the basis of financial need and it is important that you complete all relevant sections of this form to prevent the need for us to contact you for further details. All bursaries are for the subsequent academic year and, should you wish to continue to apply for a bursary, you will be required to resubmit an application form for each subsequent year. Should you have any queries with regards to the completion of this form, please contact the Finance Director, Claire MacDonald, in the first instance (Glenalmond College, Perth, PH1 3RY. Tel: 01738 842175. Email: clairemacdonald@glenalmondcollege.co.uk).

This form, and all the details that you supply, will be kept entirely confidential, and will be used only for the purposes of reaching a decision regarding a bursary award. Forms may be submitted in hard copy or by email (so long as they are signed and then photographed/scanned) and should be returned to the Finance Office by the 1st of February in the calendar year of entry.

PERSONAL DETAILS

A CHILD

i	Full Name(s)	<input style="width: 100%;" type="text"/>		
ii	Date of Birth	<input style="width: 100%;" type="text"/>		
iii	Sex	Male <input style="width: 40px;" type="checkbox"/>	Female <input style="width: 40px;" type="checkbox"/>	
iv	Current School	<input style="width: 100%;" type="text"/>		
v	Class	<input style="width: 100%;" type="text"/>		
vi	Day/Boarding	Day <input style="width: 40px;" type="checkbox"/>	Boarding <input style="width: 40px;" type="checkbox"/>	
vii	Date of Entry to Glenalmond	<input style="width: 100%;" type="text"/>		
viii	Address	<input style="width: 100%; height: 50px;" type="text"/>		

DEPENDENT CHILDREN

		Child 1	Child 2	Child 3	Child 4
i	Forename	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ii	Date of Birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
iii	Sex	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
iv	School or College	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
v	Annual School or other educational fees	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
vi	Scholarships, bursaries or other allowances given by the school or college	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
vii	Assistance from any other sources	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
viii	Annual income of child (if any)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

A contd

Further details in respect of (v) and (vii)

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OTHER DEPENDENTS (Please give details of any other dependents)

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PARENTS/GUARDIANS LIVING WITH THE CHILD - FIRST PARENT

B1

i	Title	<input type="text"/>
ii	Full Name	<input type="text"/>
iii	Home Telephone	<input type="text"/>
iv	Office Telephone	<input type="text"/>
v	Email	<input type="text"/>
vi	Occupation	<input type="text"/>
vii	Nationality	<input type="text"/>
viii	Name of Employer	<input type="text"/>

B 2 PARENTS/GUARDIANS LIVING WITH THE CHILD - SECOND PARENT

i	Title	<input type="text"/>
ii	Full Name	<input type="text"/>
iii	Home Telephone	<input type="text"/>
iv	Office Telephone	<input type="text"/>
v	Email	<input type="text"/>
vi	Occupation	<input type="text"/>
vii	Nationality	<input type="text"/>
viii	Name of Employer	<input type="text"/>

ix Any other contributing adults in the household (number of adults and level of contribution)

C ADDRESS FOR CORRESPONDENCE

Name(s) and title(s)

Address

D AGENT

Name

Address

Telephone Number

May this Agent be contacted direct?

YES / NO

E ADULTS WITH SOLE RESPONSIBILITY

If only one parent or guardian is detailed in Section B, please tell us why:

Divorced

Separated

Deceased

Other (please explain)

F PARENTS LIVING APART FROM THE CHILD

Name

Address

Amount of contribution

£

Frequency of contribution

Further information

Is this individual aware that you have made an application to attend Glenalmond College?

YES / NO

Is this individual aware that you have made an application for Bursary support?

YES / NO

G INCOME	First Parent	Second Parent
i Period on which income is based:	<input type="text"/>	<input type="text"/>
ii Gross salary and other similar earnings	£ _____	£ _____
iii Bonus element included in your remuneration and anticipated future bonuses	£ _____	£ _____
iv Profits of business or profession	£ _____	£ _____
v Gross pension, widow's pension, etc	£ _____	£ _____
vi Investment income from dividends, interest etc	£ _____	£ _____
vii Property Income	£ _____	£ _____
viii Redundancy or lump sum payment(s)	£ _____	£ _____
x Social security benefits	£ _____	£ _____
xi Separation or Maintenance Allowance	£ _____	£ _____
xii Any other income not included above e.g. Child Benefit	£ _____	£ _____
xiii Details of any benefit in kind provided by your employer, eg company car or accommodation	£ _____	£ _____

H ESTIMATED TOTAL INCOME

i Period for which figure is estimated:	<input type="text"/>	<input type="text"/>
ii Estimated income	£ _____	£ _____

I OUTGOINGS

	First Parent	Second Parent
i Period on which outgoings are based	_____	_____
ii Tax payable on incomes declared above	£ _____	£ _____
iii National Insurance Contributions	£ _____	£ _____
iv Superannuation contributions	£ _____	£ _____
v Mortgage repayment or Rent (please specify)	£ _____	£ _____
vi Endowment mortgage insurance	£ _____	£ _____
vii Any other interest payable (please specify)	£ _____	£ _____
viii Council Tax on home	£ _____	£ _____
ix Other significant regular expenses (please specify)	£ _____	£ _____

J VERIFICATION OF INCOME

Please enclose documentary evidence in support of the income figure. Please tick those enclosed

P60/Payslips IR Tax Assessment

Report & Accounts (inc Balance Sheet) Bank Statements/Other

Other(s) please state

	First Parent	Second Parent
K CAPITAL ASSETS		
i Approximate value of any savings/investments	<u>£</u>	<u>£</u>
ii Building society/Bank Deposits/Equity Investments/Government Stakes/PEPs/ISAs/TESSAs	<u>£</u>	<u>£</u>
iii Approximate market value of house	<u>£</u>	<u>£</u>
iv Approximate value of other significant possessions (eg car/antiques/house contents)	<u>£</u>	<u>£</u>
v Cash at banks or elsewhere	<u>£</u>	<u>£</u>
vi Approximate market value of any other assets (please specify)	<u>£</u>	<u>£</u>
L CAPITAL LIABILITIES	<u>£</u>	<u>£</u>
i Mortgage - amount outstanding on house	<u>£</u>	<u>£</u>
ii Bank Overdraft	<u>£</u>	<u>£</u>
iii Other liabilities (please specify)		

M OTHER INFORMATION

Please tell us why you think you should receive a bursary.

N OTHER INFORMATION

Please state the level of contribution that you can make towards tuition fees £ _____ (Annually)

O i Have you applied to other organisations for a grant towards **YES / NO**

ii Please give details of any applications made, including the awarding body and the outcome of your application

DECLARATION

I/We declare that to the best of our knowledge and belief, all the information given here is true and contains a full statement of my/our income from all sources during the period shown. I/we undertake to let Glenalmond College know of any material changes, if and when they occur. I/we understand that any Bursary or remission given will be conditional upon full disclosure of financial circumstances, good conduct and performance by my child at Glenalmond. I/we undertake to pay the balance of the account before the first day of term. I/we understand that the provision of false information may lead to my/our child being disqualified from the benefits of any Award.

1	Parent/Guardian _____	Date _____
2	Parent/Guardian _____	Date _____