



FERNHILL SCHOOL
BURSARY APPLICATION FORM

Child's Name: _____

Child's Date of Birth: _____

Child's Class: _____

Parent/Guardian Name(s): _____

Address: _____

Post Code: _____

Telephone No: _____

IF WIDOWED DIVORCED OR SEPARATED:

Give date of death/divorce/
separation _____

OCCUPATION(S):

Father/Guardian (delete one) _____

Mother/Guardian (delete one) _____

EARNINGS:

	Father/ Guardian £	Mother/ Guardian £
<u>Please give amount per annum</u>		
Gross Employment Income		
Income from Self-Employment		
All other income		
Total income per annum		

OTHER DEPENDENTS:

Name	Date of Birth	School/Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FURTHER INFORMATION:

If you feel there is any other relevant information which has not been covered here please use this space to provide us with that information (using a separate page if necessary).

DECLARATION TO BE SIGNED BY PARENT(S) OR GUARDIAN(S)

I/We declare that the particulars given above are a correct and complete statement of my/our annual income from all sources, and undertake to notify Fernhill School Board of Governors of any change in my/our financial circumstances.

Signed: _____ Date: _____
Father of Guardian (delete one)

Signed: _____ Date: _____
Mother or Guardian (delete one)

PLEASE RETURN THE COMPLETED FORM TO:

Mr Peter O'Neill
Chairman of the Board of Governors
Fernhill School
Fernbrae Avenue
Rutherglen
G73 4SG