

ABERDEENSHIRE EDUCATIONAL TRUST – SECTIONS 24 AND 31
APPLICATION FOR GRANT AID FOR EDUCATIONAL TRAVEL

SECTION 1 – Details of Excursion

Place to be visited and outline of activities	
Dates of excursion (from-to)	
Cost of excursion	

SECTION 2 – Details of Pupil going on Excursion

Name of Pupil	
Date of Birth	
Home Address including Postcode	
Contact Telephone Number	
School Attended	

SECTION 3 – Parents/Guardian Personal Details

	Parent/Guardian 1	Parent/Guardian 2
Parents' or Guardians' full names		
Please state relationship:- (e.g. mother, father, legal guardian, etc.)		

SECTION 4 – Your Income – Benefits

Please send in confirmation of your benefits and also proof that you are receiving free school meals.

Are you / your partner receiving any of the benefit listed below:-	Parent/ Guardian 1	Parent/ Guardian 2
• Free School meals/School Clothing Grant		
• Housing Benefit/Council Tax Reduction		
• Child Tax Credit/Working Tax Credit		
• Income Support		
• Universal Credit		
• Income-based Job Seeker's Allowance		
• Any income related element of Employment and Support Allowance		
• Pension Credit Guaranteed Credit		
• Support under Part VI of the Immigration and Asylum Act 1999		

If you have ticked any of the above boxes please continue onto **Section 6**.

If you have **not** ticked any of the above boxes please continue to **Section 5**.

SECTION 5 – Income - Earnings/Other

Parent/Guardian 1

Parent/Guardian 2

Please provide copies of your last two pay slips if paid monthly and five payslips if paid Weekly and if applicable a copy of your current Tax Credit Awards letter.

Employment:	Annual £	Annual £
-------------	----------	----------

The net taxable profit for the year ending 5th April last or last completed trading year falling within that period. Please enclose copy of latest tax return.

Self Employment:	Annual £	Annual £
------------------	----------	----------

Give details of any other taxable income you receive (e.g. Pensions being State, Private, Forces, Widow's, Other Benefits etc) Please provide documentary evidence.

Type of Income:-	Annual £	Annual £
------------------	----------	----------

Do you have capital and savings of more than £10,000.00	YES / NO	YES / NO
---	----------	----------

If yes we may write to you again in regards to your capital and savings.

Section 6 - DEPENDENT CHILDREN

Please give details of each child (other than the applicant) who is/are dependent on the parent(s) or legal guardian(s) of the applicant.

Name of child	Date of birth	School/College/University child is attending or is to attend

Section 7 – Parent / Guardian’s Declaration

I _____ (name in full) being the parent/guardian of the pupil on behalf of whom this application is made, solemnly and sincerely declare that the statements contained in this application are to the best of my knowledge full and correct in every respect.

Signature of Parent/Guardian _____

Date _____

PLEASE SEND BOTH THE SIGNED PRIVACY NOTICE AND SIGNED APPLICATION FORM, TOGETHER WITH YOUR DOCUMENTATION (DO NOT SEND ORIGINAL DOCUMENTATION) TO THE FOLLOWING ADDRESS:-

FINANCE SERVICE, TRUST SECTION, TOWN HOUSE, 34 LOW STREET, BANFF. AB45 1AY

For Official Use Only:-			
Signed privacy notice received		Reviewed by Accountant	
Residence checked		Award letter to applicant/school	
Income for current year checked		Payment raised to school – Date	
Award recommended			

