

PRIVATE & CONFIDENTIAL

Please complete this confidential application form and return it to resonatehub@notredame.liverpool.sch.uk .

Resonate Music Studios (RMS) membership is open to any young person who lives in the City of Liverpool or attends a school in Liverpool up to the age of 18.

In order to qualify for financial support you will be asked to provide evidence to support your application in the form of a letter from your school confirming your child is eligible for free school meals, and/or photocopies of letters from the appropriate body confirming any allowances you receive.

The provision of funded scholarships is subject to continued funding from Arts Council England. It should also be noted that Resonate reserves the right to limit the availability of scholarships subject to budgetary provision.

Please read the following information carefully and fill in the sections as required.

1. STUDENT DETAILS

Pupil Name: _____

Name of parent / carer: _____

Address: _____

Telephone No: _____ Email: _____

DOB: _____ Year group Sept 2017: _____

Name of school: _____

2. SUPPORT DETAILS - 100% Scholarship

In order to qualify for a 100% scholarship please answer the following:

Is this child reported as a Looked After Child? YES / NO

Is this child currently in receipt of free school meals? YES / NO

continued overleaf /

3. SUPPORT DETAILS - 50% Scholarship

Applicants for the 50% scholarship qualify if they are in receipt of one of the items listed below.

My household is in receipt of the following (please tick):

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Support under part VI of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit, provided you are not entitled to Working Tax Credit and have an annual gross income of no more than £16,190
- Working Tax Credit
- Universal Credit

DECLARATION

I declare that to the best of my knowledge all information included here is complete and correct

Signed: _____ (parent/guardian) Date: _____

On returning this form please include evidence of allowances/support received with your application. This may include photocopies of letters and statements.

For Office Use Only:

Date application received: _____

Application approved: YES / NO

Amount received: _____

Signed: _____

Date: _____

