



## Trust Fund Application Form

Student's Name:	Tutor Group:
Event and Date:	Cost of event:
Parent's Name:	

**Please ensure the following boxes are completed, you have signed and indicated your contribution**

I can confirm that I receive universal tax credits. (Please provide evidence.)	<input type="checkbox"/>
I confirm that my child is on the free school meal register.	<input type="checkbox"/>
Please describe any other circumstances you wish to be taken into consideration:	
Have you had any previous support from the Trust Fund: Y/N	Parental contribution: £
<b><i>I understand that any financial support is on the condition that I make payment of my contribution</i></b>	
Parent's signature:	Date:

### Office use only

LVC Trust Fund to Pay:	
Date:	Signature:
Parental contribution paid Y/N	Comments

If you are not claiming free school meals and think you are entitled to make a claim please apply on line at <http://www.cambridgeshire.gov.uk/freeschoolmeals>