



Norfolk House School

BURSARY APPLICATION FORM

YOUR CHILD

CHILD'S NAME _____ D.O.B _____

BURSARY

Please tick the appropriate box below to indicate the bursary for which you are applying.

ADMISSIONS BURSARY (Prospective Parents) **HARDSHIP BURSARY (Existing Parents)**

Please use the space below to set out the grounds for your application in detail, attaching additional pages if required. Please describe the circumstances of your inability to pay the school's fees and associated costs of attendance in full; alternatively, how paying such fees and costs would lead to exceptional hardship for you and your child. Please estimate the duration of your financial circumstances as described.

FIRST PARENT / LEGAL GUARDIAN

SECOND PARENT / LEGAL GUARDIAN

SIGNATURE _____ **SIGNATURE** _____

DATE _____ **DATE** _____

Please return this form, together with the Confidential Means Questionnaire, to the Headmistress' Personal Assistant.