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**APPLICATION FOR EXCEPTIONAL FUNDING SUPPORT (EFS) 2024/25**

Comberton Village College strongly believes in the principle that all pupils should have the opportunity to experience a minimum of one domestic trip as part of their education at CVC, regardless of their financial background. Because of this, the Exceptional Funding Support has been established with the aim of providing financial assistance.

The Exceptional Funding Support fund can be claimed once per pupil from September 1st 2024, and has a maximum value of £200 towards domestic (UK) trips only.

Grants have a maximum value of £200.

Grants are for domestic (UK) trips only.

To obtain support **the form below should be completed by the parent.** Appropriate **evidence** of a clear financial need must be provided. Financial need must include at least one of the following bullet points listed below:

* Be a disabled young person in receipt of Disability Living Allowance
* Be eligible for Free School Meals
* Be from a household whose income is below £21000 per annum (up to 100% of the maximum grant)
* Be from a household whose income is below £27000 per annum (up to 50% of the maximum grant)
* Have been affected by a sudden exceptional change in financial circumstances.

If you feel that your child would benefit from participating in a domestic trip, please complete the form below and return it to Mr Carrick in a sealed envelope. All applications will be dealt with in confidence and will be considered on an individual basis.

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| **Name of Pupil** |  | | **Form** | | |  |
| **Name of Trip** |  | | **Full cost of Trip** | | | **£** |
| **How many children do you have?** | | |  | | | |
| **Please outline any details which you feel will support your application particularly in relation to the conditions above.**  **(use an additional sheet of paper if necessary).** | | | | | | |
|  | | | | | | |
| **I feel that I would be able to afford** | | | | | **£** | |
| **And request that the Exceptional Funding Support bursary provides**  **(the maximum available is £200)** | | | | | **£** | |
| **Signed (Parent/Carer)** | |  | | **Date** |  | |
| **Contact telephone number** | |  | | | | |