



## CYE Sailing Centre Bursary Fund Application Form for **School Pupil** beneficiaries

If a school pupil is unable to attend a CYE event or residential visit **because of financial hardship**, then their parent, guardian, carer or teacher may apply to the Christian Youth Enterprises Bursary Fund for financial assistance towards the cost of the CYE visit, not including transport organised by the school.

As with all charities, funds are limited. The income available to support the Bursary Fund depends upon donations received and as such the fund will only be able to support a limited number of applications each year. The applicant will normally be expected to contribute at least 60% of the cost of the event. A small administration team, working with and on behalf of the CYESC Trustees, considers each application. Decisions made by this team are final. There is no appeal process.

**Note: the “Counter Signature” section of this form must be completed. We cannot consider any application that is not endorsed and counter-signed by an appropriate person.**

Applications are usually made by the pupil’s parent, guardian or carer. If there is an exceptional reason, such as speaking English as an additional language, the application may be completed by the pupil’s teacher.

Your feedback is valuable in helping us to maintain the fund and in reporting back to our donors. Therefore, a condition of receiving an award will be that you complete a simple questionnaire about the impact that the award has made for the pupil. We will use this to report back to those who have donated to the fund, and to help promote future donations. We will contact you for your feedback after the event.

**It is essential to return this form to the school office to be counter-signed 16 weeks before the visit to CYE.**

|                             |  |
|-----------------------------|--|
| Name of pupil coming to CYE |  |
| Name of school attended     |  |
| Pupil’s Address             |  |
| Postcode                    |  |
| Pupil’s Date of Birth       |  |

|                                       |                                     |
|---------------------------------------|-------------------------------------|
| Name of person completing this form   |                                     |
| Relationship to pupil                 | Parent / Guardian / Carer / Teacher |
| Email address ( <b>PRINT</b> clearly) |                                     |
| Telephone number                      |                                     |

|   |  |                      |  |
|---|--|----------------------|--|
| Cost of visit to CYE  |  | Date of visit to CYE |  |
| Transport cost, if any, as quoted by school   |  |                      |  |
| Grant requested<br><i>This should not exceed 40% of the cost of the trip, not including transport</i> |  |                      |  |

|  |  |   |
|--|--|---|
| Please tick all that apply:  |  |   |
| <input type="checkbox"/> The pupil is eligible for Free School Meals or Pupil Premium  |  |   |
| <input type="checkbox"/> The pupil's household is on a low income or in receipt of Universal Credit/other means-tested benefits                            |  |   |
| <input type="checkbox"/> A parent/carer or pupil in the household receives disability-related benefits (e.g. PIP, DLA)                                     |  |   |
| <input type="checkbox"/> The pupil is a young carer, in foster care, or has previously been looked after   |  |   |
| <input type="checkbox"/> The pupil's family is currently experiencing financial hardship due to recent circumstances (e.g. job loss, illness, bereavement) |  |   |
| <input type="checkbox"/> Financial hardship is being experienced due to an alternative reason  |  |   |
| Please explain in your own words why you are applying for a grant:   |  |   |
|  |  |   |
| Signed   |  |   |
| Date   |  | <i>Send to school 16 weeks prior to visit</i> |

**Counter signature by School**

This application **must** be endorsed and counter-signed by someone in the child's school, such as a Class or Head Teacher. The signatory should know the applicant and their situation and be able to vouch that the financial need is genuine. If the teacher has applied on behalf of the applicant, the counter-signature should be someone different, usually a senior member of staff.

|   |  |  |
|---|--|--|
| <i>I fully support this application and confirm that to the best of my knowledge the applicant meets the criteria stated in this application.</i> |  |  |
| Please add any relevant information which may support the application:  |  |  |
|   |  |  |
| Signed  |  |  |
| Name  |  |  |
| Position  |  |  |
| Date  |  | <i>NB: Send to CYE 14 weeks prior to visit</i> |
| Telephone   |  |  |

**All appropriate signatures must be completed on the form before returning to:**

The Trustees, CYE Bursary Fund, c/o CYESC, Jubilee Building, Chidham, Chichester, West Sussex. PO18 8TE  
Telephone 01243 573375 email: bursary@cye.org.uk

Christian Youth Enterprises will retain a copy of this document securely for 7 years after the issue of any grant. This is to allow CYE officers to compare any previous grants issued.