# AMBITION SUPPORT FUND APPLICATION FORM

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|---|---|
| Student name: | |
| Form group: | |
| Home address: | |
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| Has the student ever been eligible for Free Schools Meals (FSM): Yes/No | |
| Is the student currently in receipt of free school meals (FSM): Yes / No / Unsure | |
| I would like to request assistance for (reason/title of visit: | |
| | |
| | |
| Total cost of the trip or items: £ | |
| I can contribute to the value of: £ | |
| I would like assistance to the value of: £ | |
| Please provide details of your circumstances below: | |
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| Name: | Relationship to student: |
| Signed: | |
| | Date: |
| Should you require assistance in completing this form please contact your child's Head of Year. | |
| This is the end of the application for parents/carers, thank you. | |
| | |
| **BELOW FOR HOY/TEACHING STAFF ONLY** | |
| Name of HOY/Teacher: | In receipt of PP: Yes No |
| Student attendance: | LAC: Yes No |
| Has there been consultation with the student's teacher(s)? please provide details e.g. name, dates: | |
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| Any additional supporting information: | |
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| **BELOW FOR OFFICE STAFF ONLY** | |
| Has the student received any other financial assistance during their time at the school? If so, please give details below: | |
| Total cost: | Travel cost (if trip): |
| **BELOW FOR PRINCIPAL/SLT STAFF ONLY** | |
| Assistance granted: Yes No | Amount of assistance: £ |
| Agreed by: | Date: |
| Additional comments / reasons: | |
| | |