

CENTRE FOR YOUNG MUSICIANS HACKNEY



Bursary Application 2009-10



For office use only:

The form should be returned by post along with your proof to: CYMH, c/o HMDT, The Technology Learning Centre, 1 Reading Lane, London, E8 1GQ by 9th October 2009.

SECTION A – TO BE COMPLETED BY APPLICANT'S PARENT OR CARER

Your title

Mr. Mrs. Miss. Ms. Other.

Your Surname

Your First Name(s)

Your Home Address

Address:

Postcode:

If you have moved in the past 12 months, please tell us your last address

Address:

Postcode:

Home Telephone Number

Your National Insurance number

Please tell us about the student(s) you are claiming a bursary for:

Your child's surname

Your child's first name

Your child's DOB

Your child's surname	Your child's first name	Your child's DOB

SECTION B – We need to know the following information:

Does your household claim any of the following Department for Work and Pensions (DWP) benefits for you and your children?
(Please tick the relevant boxes)

- Income-based Jobseeker's Allowance
- Income Support

If you do not claim any of these benefits, do you live with someone who claims any of the above benefits for you and your children?

Yes
No

If 'Yes', please tell us:

Your partner's surname:

Your partner's first name:

Your partner's National Insurance number:

We need to see proof that you are receiving the benefits you have ticked above. Any documents you give us must be current, and they must have your name and address on them. We will accept any of the following as proof:

- B1 A recent letter from the Department for Work and Pensions (DWP) (from the current financial year) proving the benefit you are receiving.
- B2 A photocopy of your last bank statement (not more than six weeks old) AND A recent letter from the Department for Work and Pensions (DWP) (
- B3 Or your Inland Revenue letter (form TC602) for the current tax year, showing your annual income.

SECTION C - Declaration

I, the undersigned, declare the information I have given on this form to be true and complete.

I will let you check my details with the Department for Work and Pensions (DWP) and other agencies.

I will tell CYMH c/o HMDT if:

- My address changes;
- I stop receiving the benefits ticked above

My signature:

Date:

Please post this form, with your photocopied proof to:

If you do not receive acknowledgement of your application within two weeks of sending it to us, please contact us. We do not accept responsibility for any applications lost in the post and late applications will not be considered.