

## Welfare Fund Application Form

By completing and submitting this form, you agree to abide by the Welfare Fund terms:

Student name(s)	
Class / Form / Tutor Group	
School Attended	
Completed by	
Contact email	
Contact number	
Date	
Outline the reasons for applying, what support is requested and any appropriate evidence of eligibility.	
Form of request	<input type="checkbox"/> Payment plan <input type="checkbox"/> Partial funding - amount    £..... <input type="checkbox"/> Full funding amount            £.....
Internal use	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Comments

**Please return all applications by email to: [Headspa@swr.school](mailto:Headspa@swr.school)**