

THE DYSLEXIA TEACHING CENTRE
23 Kensington Square
London W8 5HN
Tel: 0207 361 4790 email: info@dyslexiateachingcentre.co.uk

BURSARY APPLICATION FORM
for Children

The Dyslexia Teaching Centre Trust
Registered Charity No. 290244

APPLICATION FOR:

Child's Name _____	Mother's Name _____
Date of Birth _____ Age _____	Address _____
Child's Address _____	_____
_____	Telephone _____
School Address _____	Father's Name _____
_____	Address _____
School Telephone _____	_____
Head Teacher's Name _____	Telephone _____
Class Teacher's Name _____	Number of other dependent children _____

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Has an assessment been made by an educational psychologist/specialist teacher YES/NO

If YES, name of psychologist/ assessor _____ Assessment
Date _____

Has the child received specialised help in the past? YES/NO

If YES, please give details _____

Have any other members of the family received help? YES/NO

If YES, please give details _____

Through whom was the child referred to the Trust? _____

Could parents consider paying partial fees for lessons? YES/NO

If YES, please state maximum amount per week/ month/ term which could be contributed £_____

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Please attach a copy of Psychologist's assessment if available.

Please attach a letter and copies of assessment and/or reports from the school, if available.

Father's occupation_____

Father's gross income (a) From Employment (per week/ per month/ per year) £_____

(b) From other sources, such as pension,
Building Society interest (give net sum),
Savings Bank, investment income, Social Security
benefits etc.

_____ £_____

_____ £_____

_____ £_____

_____ £_____

Total Income (per week/ per month/ per year) £_____

Total Capital value of savings or investments £_____

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Mother's Occupation_____

Mother's gross income (a) From Employment (per week/ per month/ per year) £_____

(b) From other sources, such as pension,
Building Society interest (give net sum),
Savings Bank, investment income, maintenance
or separation allowance, social security benefits
etc.

_____ £_____

_____ £_____

_____ £_____

_____ £_____

Total Income (per week/ per month/ per year) £_____

Total Capital value of savings or investments £_____

Rent of Mortgage Payments (per week/per month/per year) £_____

Is any other financial help being received for the child? YES/NO

If YES, please give details_____

Please detail any other financial commitments which might affect the Trustees' decision
(continue on separate sheet if necessary)

Please attach payslips if in employment

I certify that the above details are correct, and I understand that these documents may be read by the Trustees, who will treat them as strictly confidential.

Signature.....

Date.....