

# STRICTLY PRIVATE & CONFIDENTIAL

## APPLICATION FOR A BURSARY AT THE LICENSED VICTUALLERS' SCHOOLS, ASCOT, ILKLEY AND ELVIAN

This form must be completed in full, signed by the applicant and in the case of applicants who are self employed, countersigned by their Chartered or Certified Accountants. The application will not be considered until all the information and documentation requested have been sent to:-.

Head of Welfare  
LTC  
Heatherley  
London Road  
Ascot  
Berkshire SL5 8DR

Please mark envelope "Private & Confidential"

**LTC MEMBERSHIP NO:.....**  
(If applicable)

**DATE OF JOINING.....**  
(If applicable)

1. Full name of Main Applicant .....

2. Full Postal address .....

.....

Postcode.....Telephone No .....

3. Marital Status..... Date of Birth.....

4. Are You a Licensee (please tick) Yes  (go to question 5) No  (go to question 6)

5. Please indicate status by ticking relevant box

Tenant  Holding Tenant  Freeholder  Manager  Relief Manager  Leaseholder

If not freehold, please state which Brewery/Pub company .....

6. Please state your occupation:.....

7. Full name of Spouse/Partner.....

8. Spouse/Partner Date of Birth.....Spouse/Partner occupation.....

9. Name(s) of child/children for whom bursary is sought:-

Name.....Age.....Date of Birth.....

Name.....Age.....Date of Birth.....

10. Please state Name & Address of present School(s) .....

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Please state if school is Private or State School .....

If Private please state Fees per annum £.....

11. Please indicate category of attendance at school by circling the appropriate category

**ASCOT** – Nursery/Infant/Junior Day/Junior Boarder/Senior Day/Senior Boarder

**ILKLEY** - Nursery/Infant / Junior Day / Extended Day

**ELVIAN** - Nursery/Infant/Junior Day/Senior Day

12. Please give information regarding other dependent children. Age, occupation and earnings of those who have left school if applicable

Name.....Age.....Occupation.....Earnings.....

Name.....Age.....Occupation.....Earnings.....

**THIS SECTION TO BE COMPLETED BY SELF-EMPLOYED APPLICANTS**

a) Net profit for your most recent financial year £.....  
(signed Trading Accounts must be enclosed in addition to the most recent 15 months VAT returns)

b) Any Other Income (food, bed & breakfast, outside functions, etc.) £.....

c) Date of Trading Year end.....

**THIS SECTION TO BE COMPLETED BY EMPLOYED APPLICANTS INCLUDING SPOUSE/PARTNER**

a) Net Annual Earnings (3 months' wages slips and P60 must be supplied) £.....

b) Employers Name and Address:

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**THIS SECTION TO BE COMPLETED BY UNEMPLOYED OR RETIRED APPLICANTS INCLUDING SPOUSE/PARTNER**

a) If in receipt of any DSS Benefits please give full details of weekly amount and benefit

..... £.....  
..... £.....

b) Address of DSS Office.....

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c) Please give details of all other income received eg State Retirement Pension /Private pension/savings income

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