



## Greenwich Hospital

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Patron: HRH The Duke of York, KG

### APPLICATION FOR GREENWICH HOSPITAL FINANCIAL SUPPORT FOR SEAFARERS TO ATTEND THE ROYAL HOSPITAL SCHOOL

**PLEASE RETURN TO GREENWICH HOSPITAL BY 8 DECEMBER 2017**

Before completing this form please read the information leaflet GH/FS2/2018 which is enclosed. If you have any questions about completing this form please contact us on the numbers above. This form should be completed and returned to Greenwich Hospital by eligible seafaring families.

Names of Children applying for a place for 2018 entry	Date of Birth	Entry Year Group

Please tick if you wish to apply for:-

A means tested bursary

A 15% Seafarer's Discount (RN serving/retired parents only)

Bursary applicants need to complete all sections unless an annual bursary reassessment form was completed in April 2017 for children already in the School, in which case they should complete Sections A, B, G and I.

Parents applying for a Seafarer's Discount should complete Sections A, B1, and I only.

Parents who are in receipt of MOD Continuity of Education Allowance do not need to complete this form.

**PLEASE NOTE:**

1. We are unable to provide a provisional assessment of the fee for children other than those applying for a place for September 2018 entry.
2. Please provide copies of supporting documentation for all seafaring and financial details entered on the form. You will be asked to supply original seafaring documentation to our home visitor during her home visit so that she can certify your copy as a true copy. Copies of all other documents must be supplied, unless originals are requested.
3. Please ensure you declare all sources of income and all assets even if the form does not specifically ask for them – and provide documentation.
4. In this form Father means Father/Stepfather/Guardian/Partner and Mother means Mother/Stepmother/Guardian/Partner. Parents mean Parents/ Stepparents/Guardians/Partner of Parent.
5. This form must give details of, and be signed by, both parents except in the case of a single parent.
6. Bursary means Greenwich Hospital seafaring bursary. It does not refer to any scholarship or bursary awarded separately by the Royal Hospital School.
7. Discounts are only available for serving/retired Royal Navy and Royal Marines personnel.

**SECTION A  
SEAFARING BACKGROUND**

**Eligibility for a Bursary at the Royal Hospital School**

Children who are eligible for bursaries at the Royal Hospital School are:

- Children whose parents are serving, or have served, in the Royal Navy, Royal Marines, WRNS and UK Merchant Navy (if not entitled to MOD Continuity of Education Allowance). Certain other seafaring family connections may be eligible.
- The children of members of certain other seafaring occupations where there has been actual and eligible seagoing service.

These are not absolute and may be varied at the discretion of the Director of Greenwich Hospital:

**In all cases documentary evidence of a minimum of three years' eligible seafaring service is required.**

Please state the seafarer's relationship to the child:

Parent

Other relationship (please Specify)

Full Name of Seafarer

Rank and Official Number

Service in Royal Navy / Royal Marines /  
Merchant Navy / Other (please state)

Dates of Service

If applicable: Date of death

COPIES OF THE FOLLOWING DOCUMENTS SHOULD BE ENCLOSED:

1. Serving Royal Navy and Royal Marines should supply a print-out of JPA.
2. Retired non – commissioned ranks in RN or RM should supply their Service Certificate.
3. Retired RN or RM officers should supply retirement documentation showing length of service.
4. Serving or retired Merchant Navy personnel should supply their British Seaman's Card and Discharge Book and/or other documentary evidence of service.
5. If the eligible seafarer's surname is different from child's surname please provide documentation showing relationship i.e. mother's marriage certificate or deed poll certificate.

If still serving in RN or RM, please state why you are unable to claim Continuity of Education Allowance (CEA).

**SECTION B**

**Section B1 FAMILY DETAILS**

<b>Father</b>	<b>Mother</b>
Name <input type="text"/>	Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Tel. No Home <input type="text"/>	Tel. No Home <input type="text"/>
Tel. No Work <input type="text"/>	Tel. No Work <input type="text"/>
Mobile <input type="text"/>	Mobile <input type="text"/>
E-mail Home <input type="text"/>	E-mail Home <input type="text"/>
E-mail Work <input type="text"/>	E-mail Work <input type="text"/>
Occupation <input type="text"/>	Occupation <input type="text"/>
Employer <input type="text"/>	Employer <input type="text"/>
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>
Widowed <input type="checkbox"/> Partner <input type="checkbox"/> Separated <input type="checkbox"/>	Widowed <input type="checkbox"/> Partner <input type="checkbox"/> Separated <input type="checkbox"/>
Other adult family members in household (Grandparents/siblings/aunts/uncles etc):	
Name(s) & relationship to a child <input type="text"/>	
Financial contribution to household made by the above <input type="text"/>	

**Section B2**

**Current School information for child applying to the Royal Hospital School**

Name of school

Type of school:  Independent  State

If independent who pays the school fees?

Amount of school fees £

Amount of Bursary/Discount (if any)

**Dependent children (other than the current applicant and siblings at the Royal Hospital School)**

a) Full name

Date of birth

Is the child: Pre-school age  at Primary/secondary school  at University  on a Gap year

Name of school

Type of school:  Independent  State

If independent who pays the school fees?

Amount of school fees £

Amount of Bursary/Discount (if any)

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b) Full name

Date of birth

Is the child: Pre-school age  at Primary/secondary school  at University  on a Gap year

Name of school or higher education institution

Type of school:  Independent  State

If independent who pays the school fees?

Amount of school fees £

Amount of Bursary/Discount (if any)

\* if insufficient space please continue on the additional information sheets on page 12

**Section B3**

**Fees owing**  
Do you have any school fees outstanding?  Yes  No

If so, what is the amount outstanding? £

Why are they outstanding?

Is there a court order for school fees owed?

Further information

**Section B4 To be completed by parents who are separated or divorced**

If your separation or divorce settlement includes responsibility for Payment of School Fees, then who is responsible? You, ex-Spouse, or Other? Please state:

Please give details of Terms of Settlement on page 12

**Please note Greenwich Hospital normally assesses the parent where the child is living, unless agreed otherwise by the Clerk-in-Charge of Greenwich Hospital. If the child does not normally reside with you, please give the details why we should assess you.**

**SECTION C**

**ANNUAL INCOME**

**Section C1 - to be completed by parents who are employees. Parents who are self-employed or in a partnership should complete section C2. Parents who are directors of a limited company should complete section C3.**

	<b>Father *</b> Please see Note 3	<b>Mother *</b> Please see Note 3	<b>Documents required</b>	<b>Pls tick if enclosed</b>
Gross earnings as an employee for FY 2016/17	<input type="text"/>	<input type="text"/>	Copy of P60 and latest March pay slip	<input type="checkbox"/>
Income tax	<input type="text"/>	<input type="text"/>		
NI contributions	<input type="text"/>	<input type="text"/>	Copy of a letter from previous employer	<input type="checkbox"/>
Redundancy payments received this year	<input type="text"/>	<input type="text"/>		

**Section C2 - to be completed by parents who are self-employed including partnerships. Partners should enter his/her profit share in the net profit section. If you are unable to provide accounts or tax returns for the Financial Year 2016/17 please provide accounts and tax returns for the last two financial years you hold.**

	<b>Father</b>	<b>Mother</b>	<b>Documents required</b>	<b>Pls tick if enclosed</b>
When is your financial year end?	<input type="text"/>	<input type="text"/>	Copies of accounts and tax returns including SA 302 for FY 2016/17 and FY 2015/16	<input type="checkbox"/>
Net profit for FY 2016/17	<input type="text"/>	<input type="text"/>		
Income tax	<input type="text"/>	<input type="text"/>		
National Insurance Class 2 contributions	<input type="text"/>	<input type="text"/>		
National Insurance Class 4 contributions	<input type="text"/>	<input type="text"/>		
Net profit for FY 2015/16	<input type="text"/>	<input type="text"/>		
Income tax	<input type="text"/>	<input type="text"/>		
National Insurance Class 2 contributions	<input type="text"/>	<input type="text"/>		
National Insurance Class 4 contributions	<input type="text"/>	<input type="text"/>		

PROVISIONAL AND NON-BINDING

**Section C3 - to be completed by parents who are directors of limited company.**

	Father	Mother	Documents required	Pls tick if enclosed
When is your financial year end?	<input type="text"/>	<input type="text"/>	Copies of tax returns including SA 302 for FY 2016/17 and FY 2015/16	<input type="checkbox"/>
Gross earnings from this company for FY 2016/17	<input type="text"/>	<input type="text"/>		
Dividends from this company for FY 2016/17	<input type="text"/>	<input type="text"/>		
Income tax	<input type="text"/>	<input type="text"/>		
NI contributions	<input type="text"/>	<input type="text"/>		
Number of Shares issued	<input type="text"/>	<input type="text"/>	Copies of Company Accounts for FY 2016/17 and for FY 2015/16	<input type="checkbox"/>
Number of Shares held by you or other family member	<input type="text"/>	<input type="text"/>		
Value of Directors Loan/ Directors current a/c	<input type="text"/>	<input type="text"/>		
Gross earnings from this company for FY 2015/16	<input type="text"/>	<input type="text"/>		
Dividends from this company for FY 2015/16	<input type="text"/>	<input type="text"/>		
Income tax	<input type="text"/>	<input type="text"/>		
NI contributions	<input type="text"/>	<input type="text"/>		
Other financial benefits	<input type="text"/>	<input type="text"/>		

**Section C4 - to be completed by parents in receipt of a pension.**

	Father £ p/a for the FY 2016/17	Mother £ p/a for the FY 2016/17	Documents required	Pls tick if enclosed
State pension	<input type="text"/>	<input type="text"/>	Copy of a letter from the pension service	<input type="checkbox"/>
Employer's pension	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>
Other pension (please specify) <input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>
Tax payments	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>

**Section C5 - to be completed by parents in receipt of state benefits.**

	Father £ per week	Mother £ per week	Documents required	Pls tick if enclosed
Income support/ Jobseeker's allowance	<input type="text"/>	<input type="text"/>	Copy of benefit agency notification	<input type="checkbox"/>
Disability/ Incapacity allowance	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>
Widow/er's benefit	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>
Other (please specify) <input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>

**Section C6 – other income**

	£ per week	Documents required	Pls tick if enclosed
Child benefit	<input type="text"/>	Copy of benefit agency notification	<input type="checkbox"/>
Child tax credits	<input type="text"/>	Copy of HM Revenue & Customs notification	<input type="checkbox"/>
Working tax credits	<input type="text"/>	Copy of HM Revenue & Customs notification	<input type="checkbox"/>
Maintenance/other payments received	<input type="text"/>	Copy of court order	<input type="checkbox"/>

**Section C7 - other income**

	£ for the FY 2016/17	Documents required	Pls tick if enclosed
Income from property (including lodgers)	<input type="text"/>	Copy of tax return for FY 2016/17	<input type="checkbox"/>
Student loans (to parents)	<input type="text"/>	Copy of student award letter	<input type="checkbox"/>
Employer's contribution to school fees	<input type="text"/>	Copy of a letter from the employer	<input type="checkbox"/>
Windfalls/Inheritance/Capital Gains	<input type="text"/>	Copy of tax return for FY 2016/17	<input type="checkbox"/>
Tax payments on Capital Gains/ Windfalls/Inheritance	<input type="text"/>	Copy of tax return for FY 2016/17	<input type="checkbox"/>
Other Income (e.g. charity, relation or trust fund - please give details)	<input type="text"/>	Copy of tax return for FY 2016/17	<input type="checkbox"/>
Other: Please specify	<input type="text"/>		



**SECTION D**

**INVESTMENTS & ASSETS (INCLUDING CURRENT ACCOUNTS)**

**Section D1 - Balances should be shown as at end of March 2017. All interest, dividends or winnings received in the FY 2016/17 should be entered. If in joint name please enter in father's column. Please enclose copies of annual statements and tax returns.**

	Father	Mother	Pls tick if enclosed
Building society account(s) – total balance	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Building society account(s) – interest received	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Bank account(s) – total balance	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Bank account(s) – interest received	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
National Savings account(s)/ certificate(s)/ bond(s) – total balance	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
National Savings account(s)/ certificate(s)/ bond(s) – interest received	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
ISA, PEPS – total balance	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
ISA, PEPS – interest received	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Premium bonds – value held	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Premium bonds – winnings	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Stock Market investments (including Government Stock) – total balance	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dividends received	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Trust funds – total balance	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Trust funds – interest or dividends received	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Offshore investments – total balance	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Offshore investments – interest received	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Other: Please specify <input type="text"/>			

**Section D2**

Please give details of type and value of any other asset(s) (excluding property), goods or chattels with an individual value over £12,000. Please enclose a copy of insurance valuation(s). Continue on the additional information sheets on pages 11-12, if necessary.

**SECTION E**

**PROPERTY**

**Section E1 - to be completed by parents who own or have a mortgage on the property entered in Section A1.**

**PROPERTY – Please provide a copy of your mortgage statement**

Address of Main Residence:

Type of mortgage(s):  repayment  interest only  endowment  offset  other

Percentage of initial cost of property %

Current property market value £

Value of mortgage(s) at the time of purchase £

Mortgage(s) outstanding £

Value + dates of all subsequent mortgage(s) taken or additional sums drawn on mortgage £

Reason for additional mortgage(s)

Final payment date(s)

Endowment (estimated maturity value)

**Section E2 - to be completed by parents who own additional properties and/or own land. If you have more than one additional property, please continue on the additional sheets on pages 11-12.**

**OTHER PROPERTY – Please provide details of any other land and/or properties in the UK or overseas, in which you have an interest in:**

Address of property:

Type of mortgage(s):  repayment  interest only  endowment  offset  other

Percentage of initial cost of property %

Current property market value £

Mortgage(s) outstanding £

Final payment date(s)

Name(s) of other mortgagee(s)

Use of property

**SECTION F**

**YOUR FAMILY OUTGOINGS**

**Section F1 - to be completed by parents who live in rented accommodation.**

	£ p/a for the FY 2017/18	Documents required	Pls tick if enclosed
Rent	<input type="text"/>	Copy of tenancy agreement	<input type="checkbox"/>
Housing benefit	<input type="text"/>	Copy of benefit agency notification	<input type="checkbox"/>
Ground rent	<input type="text"/>	Copy of invoice	<input type="checkbox"/>
Maintenance charges	<input type="text"/>	Copy of invoice	<input type="checkbox"/>

**Section F2 - to be completed by parents who live in their own property.**

	£ p/a for the FY 2017/18	Documents required	Pls tick if enclosed
Mortgage repayment	<input type="text"/>	Copy of mortgage statement	<input type="checkbox"/>
Mortgage protection insurance	<input type="text"/>	Copy of insurance certificate	<input type="checkbox"/>
Endowment	<input type="text"/>	Copy of mortgage statement	<input type="checkbox"/>
Buildings insurance	<input type="text"/>	Copy of insurance certificate	<input type="checkbox"/>
Contents insurance	<input type="text"/>	Copy of insurance certificate	<input type="checkbox"/>
Ground rent (if applicable)	<input type="text"/>	Copy of invoice	<input type="checkbox"/>

**Section F3**

Other family outgoings	£ p/a for the FY 2017/18	Documents required	Pls tick if enclosed
Council tax	<input type="text"/>	Copy of council tax bill	<input type="checkbox"/>
Council tax benefit	<input type="text"/>	Copy of benefit agency notification	<input type="checkbox"/>
Water charges	<input type="text"/>	Copy of water charges bill	<input type="checkbox"/>
Child care cost	<input type="text"/>	Copy of invoice	<input type="checkbox"/>
Maintenance orders paid	<input type="text"/>	Copy of court order	<input type="checkbox"/>
Student loan repayments (parents only)	<input type="text"/>	Copy of repayments schedule from student loan company	<input type="checkbox"/>

Travel to work	Father	Mother
Cost of daily return trip to work	<input type="text"/>	<input type="text"/>
Mode of transport	<input type="text"/>	<input type="text"/>
If by car, how many miles per day?	<input type="text"/>	<input type="text"/>
Number of days worked per week	<input type="text"/>	<input type="text"/>

**SECTION G**

**STATEMENT OF NEED**

Please specify why you need a charitable boarding place for your child/children.

Please include any special circumstances (other than finance) such as: serious family illness or disability, relationship breakdown, inability to provide care for your child/children, domestic difficulties, unavailability of local schooling, etc.

**Please ensure that you have included all necessary information, which you believe may be relevant to us to determine your charitable need.**

**All additional sheets attached to this Statement of Need must contain the words "This is a truthful statement of my/our circumstances and charitable need." It must be signed by all parties concerned.**

**ADDITIONAL INFORMATION** – please use this sheet for any additional information.

## SECTION H

### Terms and Conditions:

- 1 Seafaring bursaries and discounts are only available for boarding places at the Royal Hospital School. Seafaring bursaries and discounts are not transferrable to other Schools under any circumstances.
- 2 Seafaring bursaries and discounts are limited in number and value and are awarded at the discretion of the Director of Greenwich Hospital whose decision is final.
- 3 Bursaries and discounts are awarded following the School's entrance examination to those pupils who have successfully met the School's entry requirements and who best fulfill the Hospital's bursary award criteria.
- 4 Bursaries and discounts are awarded in the light of the availability of charitable funding at the time and your individual circumstances.
- 5 Provisional assessments are non-binding and are for illustration only. The exact level of bursary (if awarded) will depend on a final assessment of your circumstances which will be carried out during the summer before your child joins the School and may differ from the figure given in the provisional assessment.
- 6 You will be notified by the School of the outcome of your seafaring bursary application together with your application for a place. The award of a place at the Royal Hospital School does not guarantee that a bursary or a discount will be awarded
- 7 Greenwich Hospital reserves the right to withhold or withdraw a bursary or discount if you fail to provide information required for the assessment of your bursary or should evidence emerge of undisclosed sources of income, capital or other relevant information.
- 8 If you are unsuccessful in your application for a bursary and wish to appeal, please contact the Charity Projects Manager to request a copy of Greenwich Hospital's appeals procedure.
- 9 Greenwich Hospital's bursaries and discounts are normally awarded on entry to the Royal Hospital School. The award of a bursary is subject to a home visit by Greenwich Hospital's caseworker and you will be required to make time available for her visit.
- 10 Bursaries and discounts are considered on the individual merits of each child. There is no guarantee that a sibling or siblings will receive a bursary or discount.  
Failure to complete the declaration and provide full documentary evidence will disqualify your child from the award of a Greenwich Hospital bursary.
- 11 Greenwich Hospital reserves the right to change the award criteria or method of assessment. Changes to the award criteria will be notified no later than the September prior to the year of entry. Changes to the assessment method will be notified at least one term prior to taking effect.

**SECTION I**

**DECLARATION**

1. By making this declaration, you agree that Greenwich Hospital may carry out checks on the validity of any information you have supplied, including home visits by Greenwich Hospital caseworker or other staff.
2. Clauses in the declaration which are not applicable to your circumstances should be deleted.
3. The declaration must be signed by both parents except in the case of a single parent who will be responsible for paying the fees.

<b>DECLARATION</b>			
<p>I/we*, [signatory's/signatories' *full names] .....</p> <p>declare as follows:</p> <ol style="list-style-type: none"><li>1*. I/we* am/are* responsible for the care and provision of a home for .....[child's/children's* full names].</li><li>2*. I/we* do not provide care and provision of a home for .....[child's/children's* full names] but I am/we are* responsible for the payment of School fees and extras.</li><li>3*. We are married/not married* and share/do not share* a home.</li><li>4*. I am divorced from/ separated from/ widowed/was not married to* my child's/children's* father/mother*.</li><li>5*. My child's/children's* father/mother* is aware/not aware* of my application and objects/does not object* to it.</li><li>6*. My child's/children's* father/mother* has contact/no contact* with me or my child/children*.</li><li>7*. The information supplied in this application is a truthful statement of my/our* seafaring connection, total assets, income from all sources and specified outgoings.</li><li>8. The statement of need is a truthful statement of my/our* personal circumstances and charitable need.</li><li>9. I/we* undertake to notify Greenwich Hospital of any changes which may affect the information declared on this form.</li><li>10. I/we* have read and understood the Terms and Conditions set out on Page 12 of this form. And I/we* make this declaration conscientiously believing the same to be true</li></ol>			
Signed	<input type="text"/>	Name (in capitals)	<input type="text"/>
Signed	<input type="text"/>	Name (in capitals)	<input type="text"/>
Dated	<input type="text"/>		

\* please delete as appropriate

**You should receive a letter confirming receipt of this application. If you have not received this within 2 weeks of posting, please contact us.**

## **SECTION J**

### **OTHER INFORMATION:**

The Data Protection Act 1998

Greenwich Hospital is registered as a Data User under the Data Protection Act 1998 and our use of personal information is notified to the Information Commissioner as we are required to do under the Data Protection Act 1998. Information given on this form may be disclosed on a confidential basis to relevant departments or individuals at the Royal Hospital School who have a need to know it. The information which you provide on this Application Form will be used to determine your child's eligibility for a Greenwich Hospital bursary, the level of the award, and for statistical purposes. Greenwich Hospital will ensure that all personal information is held securely and is not accessible to unauthorised persons.

If you have any questions about our data protection policy or would like a copy of our policy, please contact Greenwich Hospital's data controller, Mr J Gamp, at the address below or e-mail him at: [johngamp@grenhosp.org.uk](mailto:johngamp@grenhosp.org.uk).

Please return the bursary application form, ensuring that you have enclosed all necessary supporting documentation to:

Greenwich Hospital  
Gate House  
1 Farringdon Street  
London  
EC4M 7LG