



ELIZABETH COLLEGE

MEANS TESTING FORM

Confidential Statement of Family Financial Circumstances in Support of an Application for a Bursary

Please return this form together with a copy of your latest annual tax assessment.
The form is supplementary to the bursary application form and should be returned as specified
on the bursary application form.

Pupil's full name(s) and Year(s)

.....

	Father/Step-father	Mother/Step-mother
1 TAXABLE INCOME - Please enter your expected income from all sources for this tax year		
a. Gross Salary and other similar earnings (including all taxable benefits and emoluments)		
b. Profits of business or profession		
c. Gross pension, retirement pay, widow's pension, etc		
d. Gross investment income from dividends, interest, ground rents, etc		
e. States' Allowances/Insurance payments		
f. Any other income, gratuities or lump sum payments (please give details)		
2 OTHER EMOLUMENTS		
a. Value of board and/or residence or other non-taxable benefits in kind provided by reason of employment		
b. Child Allowances		
c. Maintenance payments received		
d. Any other non-taxable emoluments or income (please give details)		
3 OUTGOINGS		
a. Tax payable on incomes declared above (including tax deducted at source)		
b. States' Insurance contributions		

	Father/Step-father	Mother/Step-mother
c. Mortgage interest per annum (state interest only, not including repayment instalments)		
d. Monthly mortgage repayment amount & date of final mortgage repayment/ maturity		
e. Any other interest payable (please specify)		
f. Any annual rent payable on home		
4 CAPITAL ASSETS		
a. Approximate value of all Investments		
b. Approximate value of house (if owned)		
c. Approximate market value of any second/other property owned either locally or elsewhere		
d. Details and approximate value of any motor vehicles, boats and other assets		
5 CAPITAL LIABILITIES - please give details of any capital charges against the assets declared in Section 4		
a. Mortgage – amount outstanding		
b. Overdraft at bank		
c. Other loans		

	Child 1	Child 2	Child 3
6 DEPENDENT CHILDREN - include the child to whom this application refers; if more than 3 children please give details on a separate sheet			
Forename			
Date of Birth			
Sex			
School or College			
Boarding or Day			
a. Annual school or other educational fees			

	Child 1	Child 2	Child 3
b. Compulsory additional school charges			
c. Amount of fees shown in a. covered by:			
i) Scholarships, Bursary or allowances given by school			
ii) Services/Company allowances (gross) (state whether the sum has been included in gross salary at 1a.			
iii) Annual sum arising from Educational Insurance Policies			
iv) Assistance from any other source e.g. grandparents, trusts, settlements, States' Higher Education Awards (Please specify)			
d. Annual income of child (if any)			
7. OTHER DEPENDENTS - Please give details			
8. ANY OTHER RELEVANT INFORMATION Please include details of any companies or entities in which you have a beneficial interest either as a shareholder, director or beneficiary			

CERTIFICATE

I/we have made a complete statement of my/our financial situation and general circumstances. I/we undertake to renew this statement annually, if called upon to do so, and in any case to report immediately any material change in the financial position detailed.

Father/Step-father

Signed

.....

Name (block letters)

.....

Date

.....

Mother/Step-mother

Signed

.....

Name (block letters)

.....

Date

.....