**MEANS TESTING FORM**

**Confidential Statement of Family Financial Circumstances  
in Support of an Application for a Gibson Fleming Trust Bursary Award** **ACADEMIC YEAR 2023/2024**

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.

The Gibson Fleming Trust Bursary Award Scheme reserves the right to request any further documentary evidence which it deems necessary to complete a thorough assessment of this application.

All questions must be answered by entering a description or figure. If a question is not applicable, please indicate by writing N/A.

**1. DETAILS OF CHILD THIS APPLICATION IS BEING MADE FOR**

Child’s surname: ………………………………………………. Child’s first name: …………………………………………….. Middle name(s): ……………………………………………….

Date of birth: …………………………………………………… Place of birth:…………………………….

Child’s current address:

…………………………………………………………………………….…

…………………………………………………………………………….

…………………………………………………………………………….

…………………………………………………………………………….

**2. PARENTAL/GUARDIAN DETAILS**

Full name of father: …………………………………………………………………………………………………………………………………… Father’s contact email: ……………………………………………………………………………………………………………………………… Home telephone no: ………………………………………………. Mobile no: …………………………………………………… Employment status: Unemployed Employed Self-employed

Profession, business or trade: …………………………………………………………………………………………………………………..

Name and address of employer or address if business:

………………………………………………………………………..

……………………………………………………………………….

……………………………………………………………………….

Are you a director of this company? Yes No

If YES, please state proportion of each class of shares you hold: ………………………………………………………………

Are you a partner of a business? Yes No

If YES, please state your share of the business: ………………………………………………………………………………………..

Are you a sole proprietor of a business? Yes No

If YES, please state nature of the business: …………………………………………………………………………………………………

Full name of mother: ………………………………………………………………………………………………………………………………… Mother’s contact email: …………………………………………………………………………………………………………………………… Home telephone no: ………………………………………………. Mobile no: …………………………………………………… Employment status: Unemployed Employed Self-employed

Profession, business or trade: …………………………………………………………………………………………………………………..

Name and address of employer or address if business:

………………………………………………………………………..

……………………………………………………………………….

……………………………………………………………………….

Are you a director of this company? Yes No

If YES, please state proportion of each class of shares you hold: ………………………………………………………………

Are you a partner of a business? Yes No

If YES, please state your share of the business: ………………………………………………………………………………………..

Are you a sole proprietor of a business? Yes No

If YES, please state nature of the business: …………………………………………………………………………………………………

**3. DEPENDENT CHILDREN** – include the child to whom this application refers, if more than 3 children please give details on a separate sheet

|  |  |  |  |
| --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 |
| Forename |  |  |  |
| Date of Birth |  |  |  |
| Gender |  |  |  |
| School or College |  |  |  |
| Boarding or Day |  |  |  |
| a. Annual school fees or other educational fees |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| b. Compulsory additional school charges |  |  |  |
| c. Amount of fees shown in a. covered by: |  |  |  |
| • Scholarships, Bursary or allowances given by school |  |  |  |
| • Services/Company allowances (gross) state whether the sum has been included on gross salary |  |  |  |
| • Annual sum arising from Educational Insurance  Policies |  |  |  |
| • Assistance from any other source e.g. grandparents, trusts, settlements, States’ Higher Education Awards (Please specify) |  |  |  |
| d. Annual income of child (if any) |  |  |  |

**4. PARENTS INCOME, ASSETS & LIABILITIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Father / Stepfather/ Partner/Spouse** | | **Mother /Stepmother/ Partner/Spouse** | |
|  | **To**  **December**  **2023 (Actual)** | **To December 2024 (Estimated)** | **To**  **December**  **2023 (Actual)** | **To**  **December**  **2024 (Estimated)** |
| **4.1 TAXABLE INCOME** | | | | |
| 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) |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Father / Stepfather/ Partner/Spouse** | | **Mother /Stepmother/ Partner/Spouse** | |
|  | | **To**  **December**  **2023 (Actual)** | **To December 2024 (Estimated)** | **To**  **December**  **2023 (Actual)** | **To**  **December**  **2024 (Estimated)** |
| **4.2 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) | |  |  |  |  |
| **4.3** | **OUTGOINGS** | | | |  |
| a. Tax payable on incomes declared above  (including tax deducted at source) | |  |  |  |  |
| b. States’ Insurance  contributions | |  |  |  |  |
| 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 | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Father / Stepfather/ Partner/Spouse** | | **Mother /Stepmother/ Partner/Spouse** | |
|  | | **To**  **December**  **2023 (Actual)** | **To December 2024 (Estimated)** | **To**  **December**  **2023 (Actual)** | **To**  **December**  **2024 (Estimated)** |
| **4.4** | **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 | |  |  |  |  |
| **4.5** | **CAPITAL LIABILITIES -** please give details of any capital charges against the assets declared in Section 4.4 | | | |  |
| a. Mortgage – amount outstanding | |  |  |  |  |
| b. Overdraft at bank | |  |  |  |  |
| c. Other loans | |  |  |  |  |

**5.** DECLARATION

We/I declare to the best of our/my knowledge and belief, all the particulars here submitted and true and contain a full statement of our income from all sources during the period shown.

We/I understand that the provision of false information will lead to our application being disqualified from assistance under the bursary scheme and full fees would become payable thereafter.

Father’s signature……………………………………………………….. Date…………………………… Print name:…………………………………………………………………………………………………………….. Mother’s signature…………………………………………………….. Date…………………………… Print name:…………………………………………………………………………………………………………….

In the case of the declaration being signed by only one parent, please circle as

appropriate:

Divorced  Widowed Separated