

Strathaven Academy
Pupil Equity Fund Application



Pupil Name:	Registration Class:
Home Address:	
Post Code:	Contact Number:

What are you applying for?	
<input type="checkbox"/> Clothing	Details? Cost?
<input type="checkbox"/> Learning Resources/ Materials (e.g. stationery, folders, books, etc.)	Details? Cost?
<input type="checkbox"/> Other	Details? Cost?
How much are you able to contribute towards the total cost?	
Is there anything else you would like to add to support your application?	

Name of person applying:	Relationship to pupil:
Signed:	Date:

Please return all completed forms to the school office or email them to
 gw10watsonemma11@glow.sch.uk

****Please note whilst all applications will be carefully considered we cannot guarantee every request will be met.***