



varietyTM
the children's charity

SUMMER CLUBS / ACTIVITY WEEKS / SCHOOL TRIPS ASSISTANCE APPLICATION

Please complete this form to enable Variety Jersey to consider an application for financial assistance towards Summer Clubs, Activity Weeks or School Trips. **All information will be treated in the strictest confidence.**

PARENT / GUARDIAN DETAILS

Parent / Guardian Name: _____

Address: _____

Email: _____

Phone Number: _____

CHILD'S DETAILS

Child's Name: _____

Date of Birth: _____

School: _____

ACTIVITY DETAILS

Please tick the type of activity: Summer Club Activity Week School Trip

Name of Summer Club / Activity Week / School Trip: _____

Provider / Organisation: _____

Total Cost of Activity: £ _____ Amount Being Requested: £ _____

REASON FOR ASSISTANCE

Please provide a brief explanation of why financial assistance is being requested.

SCHOOL COMMENTS (to be completed by the School Representative)

DECLARATION BY PARENT / GUARDIAN

I confirm that the information provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

SCHOOL REPRESENTATIVE DETAILS

I confirm that, in my professional opinion, this application is appropriate for consideration by Variety Jersey.

Name: _____

Position: _____

Email: _____

Signature: _____

Date: _____



All information will be treated in the strictest confidence.
Submission of this form does not guarantee financial assistance.
Variety Jersey will consider each application on its individual merits.

*improving young lives
every day*

Please return the completed form to your school pastoral care team.
They will forward it to Variety Jersey for consideration.