

FINANCIAL ASSISTANCE FORM FOR SHOFAR

<i>Office Use Only:</i>	
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Thank you for your interest in Shofar. We have a dedicated Financial Assistance Fund to help those families on low incomes who are in need of childcare. Bursaries in case of financial need are awarded annually for one year. We aim to offer approximately five 25% bursaries and one 50% bursary, which will be awarded in extraordinary circumstances.

The bursaries are means-tested. In order for us to assess whether we can help you, you need to fill out this form. We know we ask for a lot of information, some of which might be hard to provide, but please try to give us as much detail as possible.

Please note the following important information –

- Your details will be kept private and confidential
- You must inform Shofar immediately if your financial conditions change
- If you receive a bursary it is awarded annually for one year only and you won't necessarily receive the same or any bursary for the following year, even if your circumstances have not changed, as their availability depends on the amount in the Financial Assistance Fund.
- We may have further questions once we have received your form
- If you have any questions please speak in confidence to the Director of Shofar
- Shofar Daycare Nursery is a registered charity whose trustees are drawn from the founding partners Alyth Synagogue, Finchley Reform Synagogue, the Movement for Reform Judaism and the Leo Baeck College

Section 1. DECLARATION

I declare that the information given in this bursary application form is a complete and true statement of our financial position.

If our financial circumstances change I will inform Shofar immediately.

Signature: _____ Printed name: _____ Date: _____

Section 2. PERSONAL DETAILS

Guardian/Parent I (person filling out this form)

Name: _____

Address: _____

Email Address: _____

Mobile phone and home numbers: _____

Occupation: _____

Guardian/Parent II

Name: _____

Address: _____

Email Address: _____

Mobile phone and home numbers: _____

Occupation: _____

Please tick the appropriate box

Married or Partners	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Single	<input type="checkbox"/>
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Name of child/children wishing to come to Shofar

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name of other children / dependents within the family

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Section 3. ABOUT YOUR CHILD

Why do you want your child/children to come to Shofar? Please answer in 200 or less words.

Are any of your other children participating in daycare or nursery settings or at school?

Name of child and DOB	Name of nursery/daycare/ school	Cost	Who pays for it

PLEASE TURN OVER

Section 4. FAMILY FINANCIAL DETAILS**Total monthly INCOME of family unit excluding governmental (benefits) or charitable support**

Please go into as much detail as you are able. You might like to think about income, if any, from salary, savings, grants or bursaries. Please continue on a separate page if necessary.

INCOME (MONTHLY) Net of Tax	£
Total Monthly Income	£

Total monthly RECEIPT of family financial assistance from the government (benefits)

For example, Job Seeker's Allowance, income based employment allowance, child benefit, housing benefit etc. Please continue on a separate page if necessary.

NAME OF BENEFIT (MONTHLY)	£
Total Monthly Receipt of Benefit	£

Total monthly RECEIPT of family financial assistance from other family members or charitable support or any other help

Please go into as much detail as you are able. Please continue on a separate page if necessary.

WHO IS THE FINANCIAL ASSISTANCE FROM ? (MONTHLY)	£
Total Monthly Receipt	£

Total monthly OUTGOINGS of family unit

Please go into as much detail as you are able. Include large items such as mortgage/rent, utilities/services, loans/credit commitments, childcare, travel, credit card, overdraft facility, support for other family members.

In order for you to accurately reflect your expenditure you might also like to think about the amount you spend on food, clothing, entertainment, internet/mobile phone etc.

Please continue on a separate page if necessary.

OUTGOINGS (MONTHLY)	£

TOTAL MONTHLY EXPENDITURE	£

Section 5. CRITERIA FOR ASSESSING NEED

Families must be on a low income and in need of childcare.

Level of need is determined after due consideration of the family's circumstances, issues, state of health, and ability to cope with day-to-day living.

Indicators of being 'in need' are:

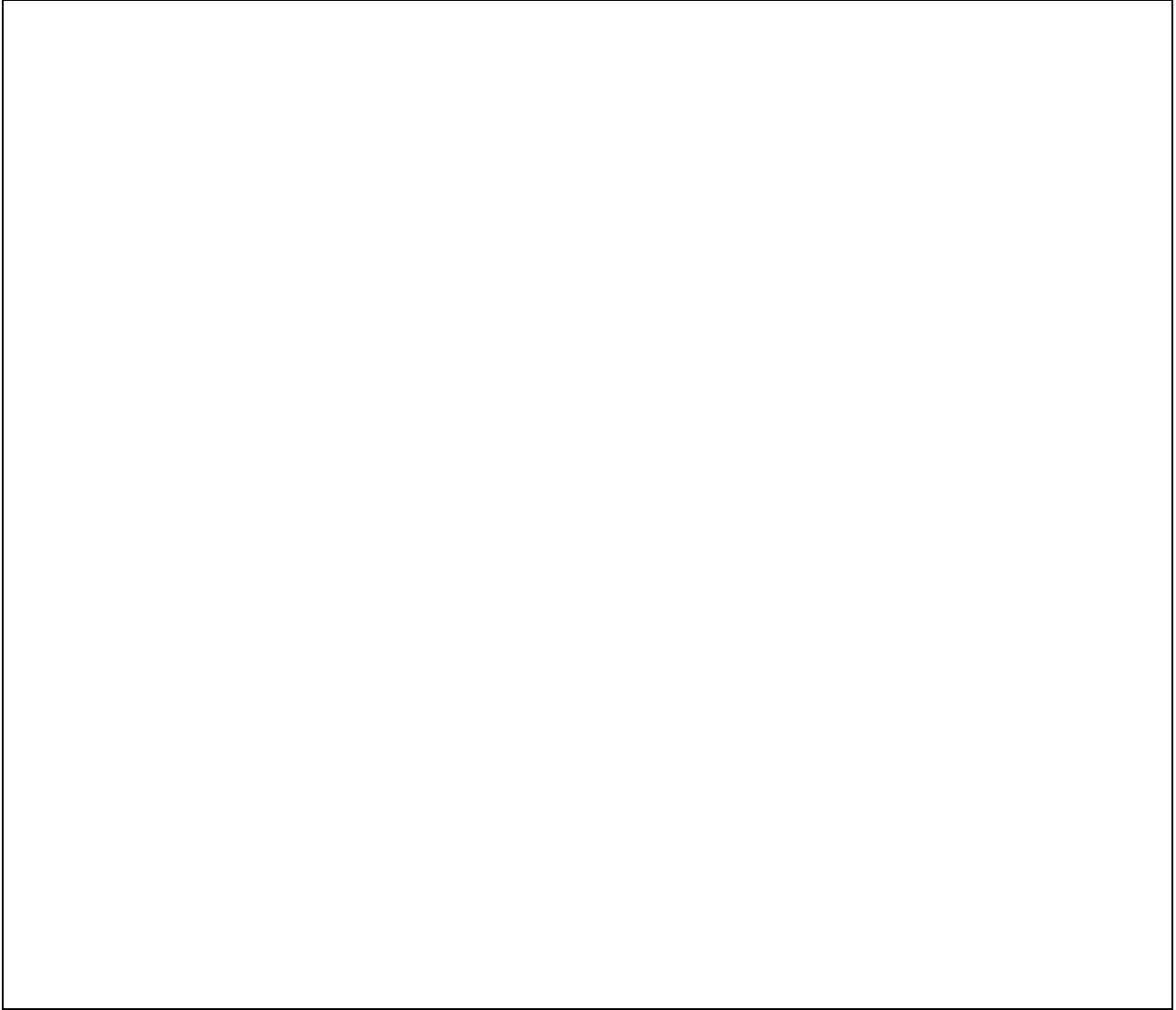
- Childcare is required for the wellbeing of child and/or parent;
- To enable the parent to engage in meaningful occupation (work, education, training, volunteering) which they couldn't otherwise access;
- To receive other support - e.g. counselling.

Need is further defined by the following criteria:

- **High need** - unless there is access to childcare there will be serious short, medium or long term consequences for family, or parent will be unable to maintain work, or undertake course of study
- **Medium need** - unless there is access to child care there will be short term significant difficulty for family, or parent will be unable to take part in work related activity, or a non work related course of study
- **Low need** - unless there is access to child care will be some delay without significant consequences for family in promoting wellbeing activities, or for the parent in accessing work or training

PLEASE TURN OVER

Please select the category which is most applicable to you and your family and explain in 400 words or less why this reflects your circumstances.



PLEASE NOW ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION –

- **Last 3 months payslips (if applicable)**
- **Proof of other income (eg proof of benefits)**

PLEASE SEND YOUR SIGNED APPLICATION AND DOCUMENTS TO –

**Director of Shofar,
Sternberg Centre etc**