

Amount: _____ Source: _____

Please list **all** of your children below (regardless of age and what school they are attending):

Name(s)	Date of Birth	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income Statement

Amount per year

- a) What is your current total **annual net** income generated from Your primary occupation: _____
 - b) What is your current total **annual net** income generated from Secondary occupation, investments or other sources _____
 - c) What is the current total **annual net** income generated from your spouse/partner's primary occupation: _____
 - d) What is the current total **annual net** income generated from your spouse/partner's secondary occupation , investment or other sources _____
- Total:** _____

- b) Do you receive any of the following benefits? **Amount per year**
- | | |
|---|--------------|
| Housing Allowance | YES/NO _____ |
| Company Car | YES/NO _____ |
| Expatriate Allowance | YES/NO _____ |
| Contribution from employer towards education of your children | YES/NO _____ |
| Any other bonus or benefit of any kind? (please specify) | YES/NO _____ |
| Alimonies | YES/NO _____ |

If you have answered yes to any of the above, please give details: _____

c) Do you or your spouse own property/housing in country of residence, or elsewhere? YES/NO

Does this generate any income? YES/NO Amount per year: _____

If yes, please give details: _____

Income Verification

The following documents **must** be submitted with this application:

- a) A Monthly or yearly income statement, issued by employer for both parents**
- b) A letter from employer(s) documenting/confirming that no educational benefits are received.**

Expenses

a) What is your monthly house/flat rental or mortgage payment? _____

b) Do you regularly support other people?

Who: _____ Relation: _____ Amount: _____ per year

c) Do you pay school/college fees for other children, not attending Lyford Cay School?

Who: _____ School: _____ Amount: _____ per year

Who: _____ School: _____ Amount: _____ per year

d) Please give details of any regular/special items of expenditure, which you would like to be taken into account (for example: life insurance, health insurance, taxes,)

Description: _____ Amount: _____ per year

Description: _____ Amount: _____ per year

Description: _____ Amount: _____ per year

Description: _____ Amount: _____ per year

e) What is the make and year of the car(s) in your family:

Please give the name, address and contact number of at least TWO people for the PSP committee to contact for additional information:

Please give the name, address and contact number of your bank:

I/we pledge that the information in this application is accurate and truthful. I/We agree to report any changes to our income or expenses that would affect this application. I/We understand that if any information contained herein proves to be inaccurate, I/We may be liable to reimburse the school for Partial Scholarship received.

Signature parent /guardian 1

Date

Signature parent/guardian 2

Date

(the form has to be signed by **both** parents)

**ALL INFORMATION GIVEN WILL BE TREATED WITH STRICTEST CONFIDENTIALITY
PLEASE RETURN UNDER CONFIDENTIAL COVER TO THE PRINCIPAL**

**PLEASE NOTE THAT THE SP COMMITTEE RESERVES THE RIGHT TO MAKE HOUSE VISITS IN ORDER TO
VERIFY THE INFORMATION GIVEN.**