

Resonate Music Studios  
Financial Assistance Application Form



PRIVATE & CONFIDENTIAL

Please complete this confidential application form and return it to [resonate@notredame.sjcmat.co.uk](mailto:resonate@notredame.sjcmat.co.uk)

Resonate Music Studios (RMS) membership is open to any young person up to the age of 18 who attends a school in Liverpool.

Resonate sets aside a sum each year to help families who may need assistance. This support is available on a first-come, first-served basis, and once the funds are fully allocated, we may not be able to offer further assistance.

Please read the following information carefully and fill in the sections as required.

SCHOLARSHIPS AVAILABLE

**Full RMS Scholarship:**

Available to young people who attend a Liverpool school and are:

- Looked After Children.
- Currently in receipt of free school meals.

**Partial RMS Scholarship:**

Available to young people who attend a Liverpool school and are:

- In receipt of Universal Credit or other income-related benefits.
- Other exceptional circumstances as presented in your remissions application. These cases will be considered on a case-by-case basis.

Please read the following information carefully and complete the sections as required.

1. STUDENT DETAILS

\*\* Your privacy is important to us. Please refer to our Privacy Notice <https://www.resonatehub.co.uk/assets/site-config/Data-Protection-v2.pdf> to understand our practice regarding the protection of your personal information and how we will treat it.

Pupil Name: \_\_\_\_\_

Name of parent / carer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Year Group: \_\_\_\_\_

Name of RMS Group: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

## 2. REASON FOR APPLYING FOR FINANCIAL ASSISTANCE

Please briefly explain why you are applying for financial assistance. If applicable, include details of eligibility (e.g., free school meals, Universal Credit, looked after child or other exceptional circumstances):

\_\_\_\_\_

\_\_\_\_\_

## DECLARATION

I declare that to the best of my knowledge all information included here is complete and correct

Signed: \_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_

## For Office Use Only:

Date application received: \_\_\_\_\_

Application approved: YES / NO

Amount received: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_