

EDUCATION AUTHORITY

FURTHER EDUCATION GRANTS

Certificate of Earnings

PART A - To be completed by Parent/Parent's partner

Name:

Address:

Postcode:

Name of Student:

College attended:

I authorise my employer to complete **PART B** of this certificate.

Signed: Date:

Parent/Parent's Partner

PART B - To be completed by Employer

I certify that the person named in Part A of this form received the following monthly/weekly income during the period stated below.

* IF PAID MONTHLY - state **TOTAL GROSS TAXABLE PAY** for the last month

£ Tax Code

* IF PAID WEEKLY - state **GROSS TAXABLE PAY** for the last 4 weeks

£ Tax Code

Official
Stamp

Signed: Date:

Employer

Address:

Postcode:

**The completed form should be returned to: Education Authority,
Further Education Section, 1 Hospital Road, Omagh, Co Tyrone, BT79 0AW**