



16-19 BURSARY FUND APPLICATION FORM 2023-24

To avoid delay please ensure that you complete this form fully and provide all the evidence that we require to assess your application

YOUR DETAILS

SURNAME	<input type="text"/>	FORENAMES	<input type="text"/>
FORM	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
		AGE AT 31/8/17	<input type="text"/>
ADDRESS	<input type="text"/>		
	<input type="text"/>	POSTCODE	<input type="text"/>
EMAIL	<input type="text"/>		
BANK	<input type="text"/>	NAME OF ACCOUNT HOLDER	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>	SORT CODE	<input type="text"/>
I am a lawful resident of the UK	<input type="checkbox"/>	I am not a lawful resident of the UK	<input type="checkbox"/>

PRIORITY GROUP

Which Priority Group are you applying for?

Priority 1	<input type="checkbox"/>	<p>Vulnerable Student ie</p> <ul style="list-style-type: none">♦ You are a young person in care♦ You are a care leaver♦ You are on Income Support or receiving Universal Credit in place of Income Support♦ You are a disabled young person (in receipt of both Employment Support Allowance and Disability Living Allowance or Personal Independence Payment)
Priority 2	<input type="checkbox"/>	<p>Student eligible for Free School Meals. You are eligible if your parents are claiming one of these benefits.</p> <ul style="list-style-type: none">♦ Income Support♦ Income-based Jobseekers Allowance♦ Income-related Employment and Support Allowance♦ Support under Part VI of the Immigration and Asylum Act 1999♦ The guaranteed element of State Pension Credit♦ Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)♦ Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit♦ Universal Credit
Priority 3	<input type="checkbox"/>	<p>Students who are not already classified as Priority 2 who have an annual household income of below £21,000</p>
Priority 4	<input type="checkbox"/>	<p>Students with an annual household income of between £21,000 and £25,000</p>

YOUR HOUSEHOLD & INCOME

Please give details about the people who live with you ie mother, father, siblings under the age of 18

	Name	Relationship	Date of Birth	Total annual income where applicable including benefits
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

To process your application please provide evidence of your household income as stated above

Income	Evidence required	Evidence Provided ✓
Annual Salary	Monthly salary slips x 3 or weekly wage slips x 4	
Any other income - please state	Relevant paperwork	
Carer's Allowance	Entitlement/Award letter - most recent	
Child Benefit	Entitlement/Award letter	
Child Support/Maintenance	Entitlement/Award letter	
Child Tax Credit	Tax Credit Award Notice - marked 2018-2019 or 2019/2020	
Council Tax Benefit	Entitlement/Award letter - most recent	
Disability Living Allowance	Entitlement/Award letter - most recent	
Employment Support Allowance	Entitlement/Award letter - most recent	
Grant or Bursary	Entitlement/Award letter - most recent	
Housing Benefit	Entitlement/Award letter - most recent	
Incapacity Benefit	Entitlement/Award letter - most recent	
Income Support	Entitlement/Award letter - most recent	
Job Seekers Allowance	Entitlement/Award letter - most recent	
Personal Independence Payment	Entitlement/Award letter - most recent	
Universal Credit	Entitlement/Award letter - most recent	
Working Tax Credit	Tax Credit Award Notice - marked 2018-2019 or 2019/2020	

NEED

What do you require financial support with

Are you applying for assistance with transport

Yes No

Do you live more than 3 miles from school

Yes No

Do you have a disability which prevents you walking

3 miles Yes No

If you live more than 3 miles away and use public transport please specify Transport provider route number and weekly fare

Are you applying for assistance with Personal Protective Clothing

Yes

☐

No

☐

Please specify course and clothing required

Are you applying for assistance with Books, Equipment or Materials

Yes

☐

No

☐

Please specify course and items required

Are you applying for assistance with Trips and visits

Yes

☐

No

☐

Please specify course and trips and visits

Are you applying for financial support with anything else not specified above

Yes

☐

No

☐

Please give full details

Wherever possible the school will purchase termly travel tickets, books, equipment etc on behalf of successful applicants.

If you are claiming reimbursement for costs already incurred please provide evidence of this.

DECLARATION

I have answered all the relevant questions to the best of my knowledge.

I accept that if I have intentionally given any incorrect or misleading information I shall be liable to repay any amount paid to me or on my behalf immediately. Students will be excluded and the matter will be referred to the relevant authorities.

I confirm that I will attend school regularly. I am aware that if my attendance falls below 90% for all subjects and should my behaviour fall below the standard expected or I leave the school before completing my course I understand that I may be liable to repay any money paid to me or on my behalf

I understand that whilst I am in receipt of Bursary Funds it is my responsibility to immediately notify the school Finance team of any change in my circumstances

Signed

Student

Parent/carer 1

Parent/carer 2

OFFICE USE

Date received	<input type="text"/>	Form completed fully	<input type="text"/>	Evidence Verified	<input type="text"/>
Priority 1	<input type="text"/>	Priority 2	<input type="text"/>	Priority 3	<input type="text"/>
Priority 4	<input type="text"/>				
FSM eligibility	<input type="text"/>	Pupil Premium	<input type="text"/>		
Eligibility Confirmed	Yes/No	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Name	Signature	Date	

Details of Award

Student informed of outcome

Date

Allocation Breakdown

	Amount	Details	Purchase Order	BACS Payment to Student
Sep-19				
Oct-19				
Nov-19				
Dec-19				
Jan-20				
Feb-20				
Mar-20				
Apr-20				
May-20				
Jun-20				
Jul-20				
Aug-20				

Allocated and approved by

Name & Position

Name & Position

Signature

Signature

Date

Date