

## 16-19 Bursary Fund Application Form

Please complete this form in conjunction with the Application Notes

### Part 1 – Student and Bank Account Details

|                      |  |
|----------------------|--|
| <b>Surname</b>       |  |
| <b>First Names</b>   |  |
| <b>Date of Birth</b> |  |
| <b>Address</b>       |  |
| <b>Post Code</b>     |  |
| <b>Email</b>         |  |
| <b>Phone</b>         |  |

To receive payments you need to have a bank account in your own name. If you do not have a bank account, you need to open one before completing this form.

|                                |
|--------------------------------|
| <b>Name of Account Holder:</b> |
| <b>Name of Bank:</b>           |
| <b>Branch:</b>                 |
| <b>Sort Code:</b>              |
| <b>Account Number:</b>         |

I confirm that the details are true and accurate. I accept that if I have any unauthorised absences throughout the school day or effort and/or behaviour falls below acceptable standards, funding may be removed.

|                           |              |
|---------------------------|--------------|
| <b>Student Signature:</b> | <b>Date:</b> |
|                           |              |

**Part 2 – Parent/Carer Details**

|   |  |
|---|--|
| <b>Surname</b>  |  |
| <b>First names</b>  |  |
| <b>Date of birth</b>  |  |
| <b>Address</b>  |  |
| <b>Postcode</b>   |  |
| <b>Home phone</b>   |  |
| <b>Mobile Phone</b>   |  |
| <b>Email address</b>  |  |
| <b>Number of dependent children in the household</b>  |  |
| <b>Household Income (please attach required evidence to this application form – see notes attached)</b> |  |

**This application for support is made under the following category (please tick):**

|  |  |
|--|--|
| <b>High Priority (Vulnerable Group Bursary)</b><br>Please complete Part 3 of the Application |  |
| <b>Medium Priority (Discretionary Bursary)</b><br>Please complete Part 4 of the Application  |  |
| <b>Low Priority (Discretionary Bursary)</b><br>Please complete Part 5 of the Application     |  |

**I confirm that the details on this application form and the evidence provided are true and accurate:**

|                                |              |
|--------------------------------|--------------|
| <b>Parent/Carer Signature:</b> | <b>Date:</b> |
|                                |              |

### Part 3 – Application for High Priority Funding (Vulnerable Group Bursary)

This part of the form should be completed alongside parts 1, 2 and 6, and should be submitted with the appropriate evidence (see application notes)

|                   |
|-------------------|
| <b>Full name:</b> |
|-------------------|

I wish to apply for High Priority funding under the following criteria: (please tick)

|   |  |
|---|--|
| I am living in care   |  |
| I am a care leaver  |  |
| I receive Income Support or Universal Credit  |  |
| I receive Disability Living Allowance or Personal Independence Payments in my own right, as well as Employment and Support Allowance or Universal Credit in my own right. |  |

|   |
|---|
| I am attaching to this form the following evidence to support my application (please list below): |
|---|

I confirm that the details on this application and the evidence provided are true and accurate.

|                   |       |
|-------------------|-------|
| Signed: (Student) | Date: |
| Signed: (Parent)  | Date: |

**For Office Use only**

|                                   |
|-----------------------------------|
| <b>Date application received:</b> |
| <b>Date application reviewed:</b> |
| <b>Outcome:</b>                   |

## Part 4 – Application for Medium Priority Funding (Discretionary Bursary)

This form should be completed alongside parts 1, 2 and 6 and should be submitted with the appropriate evidence (see application notes)

|                   |
|-------------------|
| <b>Full name:</b> |
|-------------------|

I wish to apply for Medium Priority funding under the following criteria: (please tick)

|  |  |
|--|--|
| My gross annual household income is below £20,000 or                           |  |
| I am in receipt of Free School Meals and/or I am on the Pupil Premium register |  |

I wish to apply for support towards:

| Specific weekly need (i.e. transport to school, meals) | Cost per week |
|--|---------------|
|  |               |
|  |               |
|  |               |

| Individual item needs (i.e. books, equipment, trips) | Cost |
|--|------|
|  |      |
|  |      |
|  |      |

|   |
|---|
| I am attaching to this form the following evidence to support my application: |
|---|

I confirm that the details on this application and the evidence provided are true and accurate.

|                          |              |
|--------------------------|--------------|
| <b>Signed: (Student)</b> | <b>Date:</b> |
| <b>Signed: (Parent)</b>  | <b>Date:</b> |

***For Office Use only***

|  |
|--|
| <b><i>Date application received:</i></b> |
| <b><i>Date application reviewed:</i></b> |
| <b><i>Outcome:</i></b>                   |

## Part 5 – Application for Low Priority Funding (Discretionary Bursary)

This form should be completed alongside parts 1, 2 and 6 and should be submitted with the appropriate evidence (see application notes)

|                   |
|-------------------|
| <b>Full name:</b> |
|-------------------|

I wish to apply for Low Priority funding under the following criteria: (please tick)

|   |  |
|---|--|
| My gross annual household income is between £20,000 and £25,000   |  |
| I have another identifiable financial need (please detail below): |  |

I wish to apply for support towards:

| Specific weekly need (i.e. transport to school, meals) | Cost per week |
|--|---------------|
|  |               |
|  |               |
|  |               |

| Individual item needs (i.e. books, equipment, trips) | Cost |
|--|------|
|  |      |
|  |      |
|  |      |

|   |
|---|
| I am attaching to this form the following evidence to support my application: |
|---|

I confirm that the details on this application and the evidence provided are true and accurate.

|                          |              |
|--------------------------|--------------|
| <b>Signed: (Student)</b> | <b>Date:</b> |
| <b>Signed: (Parent)</b>  | <b>Date:</b> |

***For Office Use only***

|  |
|--|
| <b><i>Date application received:</i></b> |
| <b><i>Date application reviewed:</i></b> |
| <b><i>Outcome:</i></b>                   |

## Part 6 – Declaration

I/we have read and understood the guidance notes supplied with this application form.

I/we confirm that the information given above is correct and complete to the best of my/our knowledge and belief and is a true reflection of my/our financial position.

I/we undertake to inform the school immediately if my/our circumstances change.

I/we understand that if the student leaves school he/she will not be eligible to receive further payments.

I/we understand that the payment of any award is conditional upon the student meeting his/her obligations regarding attendance, punctuality, behaviour and performance, as outlined in the Sixth Form Learning Agreement.

I/we understand that the information provided may be shared with other agencies or organisations, as allowed by law, for the purpose of checking this application and/or the prevention of fraud.

I/we confirm that the student is eligible for support from the 16-19 Bursary on residency grounds and will provide suitable supporting evidence if required.

|                               |  |             |
|-------------------------------|--|-------------|
| <b>Signed by the student</b>  |  | <b>Date</b> |
| <b>Signed by parent/carer</b> |  | <b>Date</b> |
| <b>Signed by parent/carer</b> |  | <b>Date</b> |