

16-19 Bursary Fund Application Form

Please complete this form in conjunction with the Application Notes

Part 1 – Student and Bank Account Details

Surname

First Names		
Date of Birth		
Address		
Post Code		
Email		
Phone		
Mode of	(e.g.) walk, car, public bus, school bus	
Transport to		
transport to Sixth Form		
Sixth Form To receive payments	ents you need to have a bank account ou will need to open one before comp	in your own name. If you do not have a eting this form.
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Part 2 - Parent/Carer Details

Surname		
First name		
Address		
Postcode		
Home phone		
Mobile Phone		
Email address		
Number of		
dependent children		
in the household		
Household Income		
(please attach		
required evidence		
to this application		
form – see notes		
attached		
This application for su	anort is made under the following sategor	n. (place tick)
This application for su	pport is made under the following categor	y (please tick):
High Priority (Vulnera	phla Group Rursary)	-
Please complete Part		
Medium Priority (Disc	• •	
Please complete Part		
•		
Low Priority (Discreti		
Please complete Part	5 of the Application	
I confirm that the de	tails on this application form and the e	vidence provided are true and
accurate:	tano on tino approaction form and the c	machine promaca are mae and
Parent/Carer Signatu	re:	Date:

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 the appropriate evidence (see application notes)	d should be submitted with
Full name:	
wish to apply for High Priority funding under the following criteria: (ple	ase 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 Paymown right, as well as Employment and Support Allowance or Universal Cown right.	
	'
I am attaching to this form the following evidence to support my applications and the following evidence to support my applications are supported in the following evidence to support my applications are supported in the following evidence to support my applications are supported in the following evidence to support my applications are supported in the following evidence to support my applications are supported in the following evidence to support my applications are supported in the following evidence to support my applications are supported in the following evidence to support my applications are supported in the following evidence to support my applications are supported in the following evidence to support my applications are supported in the following evidence to support my applications are supported in the following evidence to support my applications are supported in the following evidence to support and the following evidence in the following evidence to support and the following evidence in the following evid	cation (please list below):
I confirm that the details on this application and the evidence provided	d are true and accurate.
Signed: (Student)	Date:
Signed: (Parent)	Date:
For Office Use only	1
Date application received:	
Date application reviewed:	

Outcome:

<u>Part 4 – Application for Medium Priority Funding (Discretionary Bursary)</u>

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

Full name:		
I wish to apply for Medium Priority funding under the follo	owing 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 wee	k
Individual item needs (i.e. books, equipment, trips)	Cost	
	1	
I am attaching to this form the following evidence to sup	port my applica	ation:
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

Date application received:
Date application reviewed:
Outcome:

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

41.00	<u> </u>
This form should be completed alongside parts 1, 2 ar appropriate evidence (see application notes)	nd 6 and should be submitted with the
Full name:	
I wish to apply for Low Priority funding under the followin	g criteria: (please tick)
My gross annual household income is between £20,000	and £25,000
I have another identifiable financial need (please detail betail	pelow):
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 sup	port my application:
I confirm that the details on this application and the evid	lence provided are true and accurate.

Date:

Date:

Reviewed June 2022

Signed: (Parent)

Signed: (Student)

For Office Use only

Date application received:		
Date application reviewed:		
Outcome:		

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.

Signed by the student	Date
Signed by parent/carer	Date
Signed by parent/carer	Date