

**16-19 Bursary Fund Application for 2023-2024 Academic Year**

Section A: Student details

Surname:

First name(s):

Date of birth:

Home address:

Home telephone number:

Mobile telephone number:

Email address:

Section B: Parent/Carer details

Surname:

First name(s):

Date of birth:

Home address:

Home telephone number:

Mobile telephone number:

Email address:

Number of dependants:

Section C: Student Circumstances

**Who do you live with? Tick all that apply:**

Mother Foster parents My spouse/partner

Father On my own Other, please explain:

Parent’s spouse/partner With friend(s)

Grandparent(s) In Care/Looked After

How many brothers and sisters live with you?

 I am or my family is in receipt of Free School Meals **We will check your details with the School Benefit section**

Please tick below one or all that apply

I am or my family is receipt of Universal Credit **Please provide proof e.g.**

(formally Income Support/Job Seekers Allowance**) bank statement, letters confirming eligibility for benefits**

 I am a Looked After Child/Care Leaver **Please provide a letter from your Social Worker**

Family’s total income is less that £28,999 a year\* **Please provide a copy of your latest Tax Credit Award Notice, complete your income details in Section F and provide evidence as indicated**

I am disabled and in receipt of Personal Independence **Please provide proof e.g.**

Payment (formally Disability Living Allowance) **bank statement, letter confirming award of benefit**

Other special circumstances e.g. Young Carer, recent **Please complete Special**

redundancy **Circumstances section and attach any relevant supporting evidence**

**\*N.B. Total income includes any salary plus Benefits received**

Section D: Residency

Have you always lived in the UK? Yes No

If **YES**, please proceed to Section E.

If **NO**, please provide additional information relating to your residency.

Section E: Course details

Subjects studied

Year group 12 13 Extra year

Section F: Income

Student Income

£ Weekly/monthly

Part time job

£ Weekly/monthly

Benefits

£ Weekly/monthly

Other

Household Income

**Please note: Your Bursary application will be returned to you if you do not supply appropriate/sufficient evidence.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Parent 1** | **Parent 2** | **Required Evidence** |
| Annual salary | £ | £ | 2020 P60 or end of March payslip |
| Self employment/property income | £ | £ | Self-assessment tax calculation  |
| Private/Occupational Pension | £ | £ | Pension statement/Bank statement |
| State Pension | £ | £ | Pension statement/Bank statement/Letter from DWP |
| Benefits(Please specify) | £ | £ | Bank statement/Award letter/Child Tax Credit Award  |
| **Special Circumstances**If your request for a Bursary award is not covered by any of the categories, then please outline your particular circumstances below and provide any relevant supporting evidence for your claim. Proof of income will always be required. |

Section G: Additional information

Section H: Support required\*

I am applying for the 16-19 Bursary because I need help with the following:

Books/equipment

Travel

Field Trips

Accommodation

Other

**\*This section must be completed.**

Please provide precise details of the support required and the likely costs below. Use actual figures where possible e.g. bus pass charge.

Section I: Student and Parent/Carer declaration

**It is important that you read the following statement carefully. We will not consider this application unless it is signed and dated by the family members whose income details have been declared.**

* The information given on this form is accurate.
* I/we will inform the school immediately of any change in personal circumstances as they occur.
* I/we understand that bursary payments are made to enable students to attend school and will be delayed, deducted or stopped if outstanding attendance and punctuality are not maintained at registration and in lessons, if coursework or homework deadlines are not met or examinations missed.
* I/we understand that if false/incomplete information is provided I/we will have to repay any money given to help with study.

Student signature:

Date:

Parent/Carer signature:

Date: