

Ada Lovelace CofE High School 16-19 Bursary fund
Application Form

Before you complete this form please ensure that you read the school 16-19 Bursary Fund statement, are eligible to apply and can provide the supporting evidence as explained. The school parent contact form should also be completed and up to date.

Student Name..... Student DOB.....

Application for Bursary Award (please circle provision under which you are applying).

Group A Award

Young person In Care **OR**

Young person as Care Leaver **OR**

Young person in receipt of Income Support **OR**

Disabled young person in receipt of Employment Support Allowance AND Disability Living Allowance/Personal Independence Payment

Group B Award Student in receipt of Free School Meals.

Group C Award Learners facing financial hardship living in households with annual income below £30,000.

Evidence attached Yes (Applications without evidence will not be processed)

Summary of evidence attached.....
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Please complete all annual totals in boxes below, if none write £0

Total annual wage	£
Benefit	£
Working Tax Credit	£
Child Tax credit	£
Other Income	£
TOTAL	£

We declare that all the information supplied to the school, Local Authority or third party is correct and true. We undertake to inform all parties of a change of circumstance that would affect our eligibility to Bursary Funding immediately and to return all monies incorrectly or fraudulently claimed.

Student signature..... Student mobile number.....

Student email.....

Parent/Carer signature.....

Please print parent/carers name and contact telephone number

Name.....Tel.....

Date.....