

16-19 Bursary Fund Application - YOU MUST COMPLETE THIS FORM

STUDENT INFORMATION

Prior to completing this form please read the guidance Financial Support information at the back of this document. Proof of entitlement must be included when the form is returned to the school

Student Details

Student Signature:

Surname/Family Name	
First Names	
Date of Birth	
Address	
Post Code	
Mobile Phone	
Home Phone	
absences throughout the scho	e true and accurate. I also accept that if I have any unauthorised ool day or effort and/or behaviour falls below acceptable standards called into school, funding may be removed.

Date

The application form and appropriate appendix need to be handed to the Finance Manager.



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PARENT/CARER INFORMATION

Prior to completing this form please read the guidance Financial Support information at the back of this document. Proof of entitlement must be included when the form is returned to the school.

Parental/Carer Details

£

Please attach evidence for claim. Supporting original documents required are:

- Tax Credits Forms TC602
- Universal credit
- Evidence of income from self employment
- A P60 or
- 3-6 months worth of bank statements

These will be returned once the claim has been reviewed

This application for assistance from the 16 - 19 Bursary Fund is made under the following Category (please tick relevant box):

High	Medium	Low
(attach	(attach	(attach
(Appendix	Appendix 2	Appendix 3
1 Form	Form)	Form)

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

Parent/carer signature:	Date
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Full name:



Form:

Appendix 1 - Application for High priority funding

This form should be completed in addition to the main application forms and should be submitted with appropriate evidence.

Date of birth:		
I wish to apply for High Priority funding under the following criteria (please delete as appropriate):		
 I am living in care I have just left living in care I am in receipt of Income Support or Universal Credit I am disabled and receiving both Employment Support Allowance and Disability Living Allowance or Personal Independence Payments 		
I attach to this form the following evidence to support my application (please specify below):		
I confirm that the details on this application and the evidence provided are true and accurate.		
Signed: (Learner)		
Signed: (Parent/Carer)		
Date:		
Date application received:		
Date reviewed:		
Outcome:		

Full name:



Form:

Appendix 2 - Application for Medium priority funding

This should be completed in addition to the main application form and should be submitted with appropriate evidence. Please ensure that you have filled out the tables below with details of support required.

Date of birth:	
I wish to apply for Medium priority funding & I wish to	apply for support towards:
Specific weekly need	
Transport: How do you get to school? – please specify	
How far do you live from school (miles)	
Weekly Cost £	
Termly cost £	
Other Requirements:	
Books	
Subject	
Cost	£
UCAS Fee	£
University visits travel	£
Other – please provide details	£
I attach to this form evidence to support my application.	
Signed: (Learner)	Date
Signed: (Parent/Carer)	Date
Date application received:	Date reviewed:
Outcome:	



Appendix 3 - Application for Low priority funding

This should be completed in addition to the main application form and should be submitted with appropriate evidence. Please ensure that you have filled out the tables below with details of support required.

Full name:	Form:
Date of birth:	
I wish to apply for Low priority funding & I wish to	o apply for support towards:
Specific weekly need	
Transport:	
How do you get to school? – please specify	
How far do you live from school (miles)	
Weekly Cost £	
Termly cost £	
Other Requirements:	
Books	
Subject	
Cost	£
UCAS Fee	£
University visits travel	£
Other – please provide details	£
I attach to this form evidence to support my application a	lication and the evidence provided are true and accurate.
Signed: (Learner)	Date
Signed: (Parent/Carer)	Date
Date application received:	Date reviewed by Committee:
Outcome:	