|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | |
|  | |  |  |  | | --- | --- | --- | |  | The White Horse Federation |  | | **16-19 Bursary Fund Application** | | | | |  |

Please read The White Horse Federation’s 16-19 Bursary Fund Information for Students and Parents before completing this form. It is advisable that this form is included with your 6th Form Application form or by 15th September. Applications will be considered after this date but payments will not be back-dated to the start of the academic year.

**Student Details**

|  |  |
| --- | --- |
| Surname |  |
| Forenames |  |
| Address |  |
| Post Code |  |
| Date of Birth |  |
| Nationality |  |
| Have you been resident in UK for last 3 years? | YES/NO |
| Mobile Number |  |
| Course Details which subject and level (eg A level) |  |
|  |
|  |
|  |

**Bursary Support Required**

**Defined Vulnerable Group Bursary**

|  |  |
| --- | --- |
| I am a young person in care |  |
| I am a young care leaver |  |
| I am in receipt of Income Support or Universal Credit in my own right and am financially support myself and anyone who is dependent upon and living with me |  |
| I am in receipt of 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 |  |

***If you have ticked any of the above please do not complete the Discretionary Bursary section and move straight to the section on Bank Account details.***

**Discretionary Bursary**

**Household Income (Required for Discretionary Bursary)**

|  |  |
| --- | --- |
| I am entitled to Free School Meals | YES/NO |
| Annual Household Income |  |

The Discretionary Bursary fund rule is consistent with that for free meals in further education. Current eligibility for free school meals only requires a single check of household income for each phase of education. Please include the required **original** supporting documentation with this form showing total household income. All evidence will be photocopied and dealt with in strictest confidence.

**To be completed by Parent/Guardian**

|  |  |  |
| --- | --- | --- |
|  | Adult 1 (Parent, Step Parent, Guardian) | Adult 2 (Parent, Step Parent, Guardian) |
| Name |  |  |
| Relationship to student |  |  |
| Annual household income for last financial year.  This includes **income and all benefits from all Parents/Step Parents/Guardians with whom student lives** |  |  |
| Email address for contact regarding Bursary application |  | |

**Please tick the supporting documentation provided**

|  |  |  |
| --- | --- | --- |
|  | Adult 1 (Parent, Step Parent, Guardian) | Adult 2 (Parent, Step Parent, Guardian) |
| Copies of Universal Credit Monthly Award Notices for the past 3 months |  |  |
| Receipt of benefits/Universal Credit (current tax year)  If letter is more than 3 months old, please include current bank statement showing benefit is still live |  |  |
| P60’s (previous tax year) |  |  |
| Tax Credit Award (previous tax year) |  |  |
| Evidence of self-employment income (previous tax year) |  |  |

**Student’s Bank Account Details**

Bursary payments will only be made to a student’s own bank account. You **must** attach an **original account statement, letter or form** from your bank or building society that shows your name, sort code, account number and address. The Sixth Form Administrator will photocopy the details and return original documents. The photocopies will be held securely.

**Student Bank or Building Society details**

|  |  |
| --- | --- |
| Full Name of Account Holder |  |
| Name and Address of Bank/Building Society |  |
| Branch |  |
| Sort Code |  |
| Account Number |  |

**Reason for Bursary Application**

|  |  |
| --- | --- |
| The amount of financial assistance you will receive is dependent on your personal circumstances. It is intended to help you with the costs of overcoming any financial barriers you may have when attending learning. Please tell us what you will need financial assistance for and how much you believe you will need. **Financial assistance will only be given for days in learning.** | |
| Equipment needed to start course  Eg. books, stationery | £ |
| Other one-off items known at start of course  Please give details:  Eg. Trips | £ |
| Appropriate clothing **to suit training and placement requirements**, including shoes, trainers, bag, coat | Estimate for year £ |
| Weekly travel costs | Bus £ |

* **We confirm that the details provided to support this application for the 16-19 Bursary are true and accurate. We are aware that any false statements can lead to refusal/withdrawal of any financial support and may lead to prosecution.**
* **We understand that the above-named student must comply with the school’s condition on standards of attendance and behaviour and must comply with the terms of the school’s Bursary Policy and Procedure and that funds may be withheld if they fail to do so.**
* **The learner will attend regularly and will complete the course and understands that HOLIDAYS WILL BE UNPAID.**
* **We understand that we must notify the Sixth Form Administrator immediately if there are any changes in financial circumstances.**
* **We will notify the provider immediately with any changes to the bank account details.**
* **We understand that the monies received under the Bursary Scheme have been awarded to provide me with financial support to allow me to continue in learning, and if I leave learning, financial support will stop.**
* **We are clear that the Bursary payments I receive are to provide me with the means to remain in learning and are to be used for items such as: books, equipment, travel costs, meals, additional costs i.e. trips and exam costs.**
* **We understand that if we disagree with the outcome of this Bursary application we should follow The White Horse Federation’s complaints procedure.**

**Signed (Student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed (Parent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The information provided on this form will be treated with confidentiality at all times and is covered by the data protection legislation. We will only retain your data for as long as necessary, after which time it will be securely destroyed.

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**For office use only**

Date Application Received \_\_\_\_\_\_\_\_\_\_

Supporting documentation received, copied and returned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Yes/No

Authorised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_