Application Form for the 16-19 Bursary Fund

Student's Details

First Name	
Surname	
Home Address	
Post Code	
Daytime Telephone Number	
Date Of Birth	
(Please note payments Full Name of Account	Bank Account Details can only be made to an account held in the name of the student)
Holder	
Branch Sort Code	
Bank Account Number	
Bank Address (branch where account is held)	
D 10 1	
Post Code	

Complete Category 1 or 2 depending on your circumstances Please tick Category 1 – Vulnerable Group Award appropriate Guaranteed Bursary of £1200 for students who are in care a care leaver • in receipt of income support or Universal Credit • disabled and in receipt of **both** Employment Support Allowance and Disability Living Allowance (or Personal Independence Payment) Please tick Evidence required- please attach supporting documents to this as application appropriate Evidence setting out the benefit to which the young person is entitled e.g. copy of benefit award • Evidence of the young person's current or previous looked-after status Please tick Category 2 - Discretionary Award appropriate Free school Meal Eligibility- School obtains a list from the Local Authority The 16-19 Bursary Committee will decide on this amount dependent on the likely number of applicants, each individual case and the fixed sum of money the Department of Education distributes to the school **Evidence required** School will provide this evidence. Case for the award Please confirm number of children you have living with you under the age of 19 (including student named above) Please outline below how if you received a cash payment (rather than in-kind payment) how this would be spent on helping your child in education. Suggestions of how funding can be used: Castlehead Residential £149 Clothing for Residential £50-100 Lunch In Unit £100 School Trips £15-20

Student Declaration

Please read the following declaration and sign and date below if you agree to these statements:

- I confirm that the information I have given on this form is correct and complete to the best of my knowledge and belief
- I confirm that I have submitted all relevant supporting evidence documentation
- I understand and agree with the conditions:
 - 95% attendance including scrutiny of unauthorised absences. (We acknowledge that students with prolonged identified medical needs may not be able to achieve this attendance target, however an attendance target will be agreed in advance of the bursary funding being granted)
 - 2. Satisfactory behaviour
 - 3. Satisfactory level of engagement in learning
- I will inform the School if any of these details change

Student's Signature:	Parent/Carer Signature:
Please Print Name:	Please Print Name:
Date:	Date:
School use Only	
Approved:	Declined:
Reason:	