

16-19 Bursary Fund Application – Learner

(Both learner and parent/carers forms are required plus the appropriate appendix form)

Supporting documentation must be included when the form is returned.

Learner Details

Surname/Family Name:			
First Names:			
Date of Birth			
Address			
Post Code			
e-mail address			
Home Phone			
Mobile Phone			
Year Group		Student Support Officer	
Subjects studied			

Learner Bank or Building Society Details

To receive payments, you must have a bank account in your own name. If you do not have a bank account, you need to open one before completing this form.	
Name of Account Holder	
Name of Bank	
Branch	
Sort Code	
Account Number	
Roll Number	

I confirm that the details are true and accurate. I also accept that if I have any unauthorised absences throughout the school day or effort and/or behaviour falls below acceptable standards so that parent/carers has to be called into school, funding may be removed.

Learner Signature		Date	
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16-19 Bursary Fund Application - Parent / Carer

(Both learner and parent/carers forms are required plus the appropriate appendix form)

Prior to completing this form please read the guidance Financial Support information at the back of this document. Supporting documentation must be included when the form is returned to the Deputy Headteacher.

Parental/Carer Details

Surname/Family Name:			
First Names:			
Date of Birth			
Address			
Post Code			
National Insurance Number			
Home Phone			
Mobile Phone			
Household Income (Please attach required evidence to this application form)			

This application for assistance from the 16 - 19 Bursary Fund is made under the priority group of:

High (Appendix 1 Form)		Medium (Appendix 2 Form)		Low (Appendix 3 Form)		Discretionary (Appendix 4 Form)	
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(Please tick one category and fill in the relevant form)

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

Parent/carers Signature		Date	
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Appendix 1

Application for High priority funding – £1200 per annum

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

Full name:

Date of birth:

I wish to apply for High Priority funding under the following criteria (please delete as appropriate):

- Students currently in or recently left local authority care
- Students who get Income Support or Universal Credit because their financially supporting themselves
- Students who get Disability Living Allowance (DLA) in their own name and either Employment and Support Allowance (ESA) or Universal Credit
- Students who get Personal Independence Payment (PIP) in their own name and either ESA or Universal Credit

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 by Committee:

Outcome:

The application form and appropriate appendix needs to be handed to the Deputy Head (Academic) as soon as possible, after admission to the 6th Form, in September

Appendix 2

Application for Medium priority funding – maximum available £500 per annum

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

Full name:

Date of birth:

I wish to apply for Medium priority funding under the following criteria (please delete as appropriate):

- My gross household income is below £20,000
- I am in receipt of Free School Meals
- My household is in receipt of other means tested benefits

I wish to apply for support towards:

Specific need (i.e.books)	Amount applied for	Total

I attach to this form the following evidence to support my application (please specify below):

I will be able to provide receipts for the above. 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 by Committee:

Outcome:

The application form and appropriate appendix needs to be handed to the Deputy Head (Academic) as soon as possible, after admission to the 6th Form, in September.

Appendix 3

Application for Low priority funding – maximum available £200 per annum

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

Full name:

Date of birth:

I wish to apply for Low priority funding under the following criteria (please delete as appropriate):

- My gross household income is between £20,000 and £25,000
- I have another identifiable financial need (please explain below)

I wish to apply for support towards:

Specific need (i.e. books)	Amount applied for	Total

I attach to this form the following evidence to support my application (please specify below):

I will be able to provide receipts for the above. 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 by Committee:

Outcome:

The application form and appropriate appendix needs to be handed to the Deputy Head (Academic) as soon as possible, after admission to the 6th Form, in September.

Appendix 4

Application for Discretionary 16-19 Bursary Funding – maximum available £200 per annum

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

Full name:

Date of birth:

I wish to apply for Discretionary funding under the following criteria (please delete as appropriate):

- Students who are economically or socially disadvantaged and at risk of not taking up or continuing in their education. This group includes students with physical or other disabilities, medical conditions and/or learning difficulties
- Students who are asylum seekers
- Students who are Refugees (who will have access to 16-19 Bursary Funding if they are in receipt of supportive evidence from DWP)
- Students who are lone parents
- Students whose wider family circumstances impact upon their ability to complete their education
- Students who are over 19 and either:
 - continuing on a course of study started aged 16-18 (known as being a 19+ continuer)
 - have an Education Health and Care Plan (EHCP)

I wish to apply for support towards:

Specific need (i.e. books)	Amount applied for	Total

I attach to this form the following evidence to support my application (please specify below):

I will be able to provide receipts for the above. 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 by Committee:

Outcome:

The application form and appropriate appendix needs to be handed to the Deputy Head (Academic) as soon as possible, after admission to the 6th Form, in September.