

16-19 Bursary Fund Application Form

Prior to completing this form please read the accompanying letter in order to establish whether or not you are eligible to apply. Proof of entitlement will be required to allow the processing of this form. Bursary is paid half termly by BACS into the student's account.

Please hand this form to Mrs Jones **by 17th September 2018.**

Please tick one of the following:

- I am applying for a full bursary of £1,200*
- I am applying for a discretionary bursary°
- I am applying for an exceptional circumstances bursary (please attach explanatory letter)

*Acceptable supporting evidence for the full bursary:

- are currently in care (as defined by social services)
- are leaving or have recently left care
- receiving Income Support, or Universal Credit because they are financially supporting themselves or financially supporting themselves and someone who is dependent on them and living with them such as a child or partner
- receiving Disability Living Allowance or Personal Independence Payments in their own right as well as Employment and Support Allowance or Universal Credit in their own right

Please supply either a letter from your local authority showing you are in care or are a care leaver or a letter from the Department of Work and Pensions showing the benefits you get

°Acceptable supporting evidence for the discretionary bursary:

- Free school meals
- Gross annual household income of below £27,000

Please supply proof of your family's income, details of any benefits received by your parents:

- a letter from the Department of Work and Pensions showing receipt of benefits
- a P60
- a Tax Credit Award Notice
- evidence of your family's annual income
- 3 months' worth of payslips or bank account statements

Student's Name:

Tutor:

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Name of bank, sort code,
account no:

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Signature of Student:

Date:

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Following section to be completed by the Parent/Carer:

Full name:

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Address:

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Postcode:

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

Signature of Parent/Carer:

Date:

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For Office Use Only:

Date received:

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Application approved:

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Amount to be awarded:

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Signature of Finance Officer:

Signature of Business Manager:

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