Application Form



Sixth Form 16-19 Bursary

This form must be completed by the student applying for the bursary funding. Please complete this form and submit to the finance office together with copies of your supporting evidence

SECTION 1 – Student Details (please print details and complete in black ink)

| First Names: | Surname: | | | | |
|---|--|---|--|--|--|
| Date of Birth: | Home telephone No: | Home telephone No: | | | |
| Email: | Mobile No. | Mobile No. | | | |
| SECTION 2 - Vulnerable Stud | ent Bursary (up to £1,200 per annu | m). Please tick the box that applies to | | | |
| I am student living in | in care | | | | |
| I am a student who h | I am a student who has recently left care | | | | |
| I am a student in rec | I am a student in receipt of Universal Credit in my own name | | | | |
| I am a student in rec | I am a student in receipt of Universal Credit and also in receipt of Personal Independence Payment | | | | |
| (If you are applying for a Vulnerable | Student Bursary and have completed | Section 2 please now go to Section 4) | | | |
| SECTION 3 – Discretionary Bu | ırsary | | | | |
| I am a student who permanently live the appropriate box). | s in a household whose parents/carers | receive one of the following (please ticl | | | |
| Name of person receiving benefit: | Universal Credit (With a household income of £18,190 or less). | Support under Part V1 of the Immigration and Asylum Act | | | |
| 1. | , | | | | |
| 2. | | | | | |
| Please note: If you are not in one of | the above categories you must provid | e proof of family income. | | | |
| Financial Assessment – Income | | | | | |
| To be completed by the person(s) re | sponsible for the household bills | | | | |

| Name of Person receiving | Are you | |
|--------------------------|----------|--|
| income: | employed | |
| 1. | Yes / No | If yes, please submit 3 months of payslips |
| 2. | Yes / No | If yes, please submit 3 months of payslips |

SECTION 4 – Proof of Income/Benefit Submitted

Whatever you have declared in Sections 2 or 3 must be supported with evidence in order for an assessment to be made. The tables below show the evidence you will need to bring with this application form to enrolment. *Please tick the ones you are providing.*

| Type of Income | Evidence Required | Tick if |
|-------------------------|---|-----------|
| | | supplying |
| Carer's allowance | Entitlement/Award letter – dated within the last 3 months | |
| Any other benefit | Entitlement/Award letter – dated within the last 3 months | |
| Universal Credit | Last 3 Months Award Notices | |
| Grants or bursaries etc | Relevant paperwork detailing entitlement and amount paid | |
| Personal Independence | Entitlement/Award letter – dated within the last 3 months | |
| Payment | | |
| Any Other Income | Relevant paperwork | |

| Any Other Income | Relevant paperwork | | |
|--|---|--|--|
| SECTION 5 – Further Infor | nation | | |
| Please give any details belo application. | ow of any other circumstances t | hat you would like us to know abo | ut to help with your |
| | | | |
| SECTION 7 - Declaration | | | |
| Please read the declaratio | n below carefully before signin | g: | |
| in every respect. I underta application. I understand t accepted. I also undertake | ke to supply any additional info that if I refuse to provide inforn to tell the school of any chang | ue and to the best of my knowled ormation that may be required to mation relevant to my claim the age in my circumstances in writing. If the information I have given is | support this pplication will not be I agree to repay the |
| | • | ar and that I must re-apply next yon if I am eligible for the current ye | |
| Signed (Student): | | Date: | |
| Signed (Parent or Carer na | med above): | Date: | |