

# 16 – 19 Bursary Fund Application Form 2023 – 2024



TBOWA  
6th Form

Please read the Bursary Guidelines before completing this form

## Section A. Personal Details of Student

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Age at 31 August 2023: \_\_\_\_\_ Gender (please tick): Male ☐ Female ☐

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

National Insurance Number : \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

My 6<sup>th</sup> Form Courses are: \_\_\_\_\_

## **Bank or Building Society Details of Student**

To receive refunds/payments, you must have a bank account in **your own name** that will accept BACS payments. If you do not have a bank account, you will need to open one before completing this form.

Name of Account Holder: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_ Sort Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Roll Number: \_\_\_\_\_

**Proof of entitlement will be required to allow the processing of this form.**

## Section B. Parent/Guardian Details

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Relationship to Learner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Who does the student live with? (please tick all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Mother                  | <input type="checkbox"/> Father         | <input type="checkbox"/> Grandparents   |
| <input type="checkbox"/> Parents' Spouse/Partner | <input type="checkbox"/> Foster Parents | <input type="checkbox"/> Live on my own |

How many siblings under 18 live at home with the student? \_\_\_\_\_

Please list the age(s) of all siblings who live at home with the student \_\_\_\_\_

## Section C. Type of Bursary

☐ **Vulnerable Bursary** (please tick if applicable)

Only available to students who fall into one of the following categories:

Category	Tick as appropriate
Children in Care	<input type="checkbox"/>
Care Leaver	<input type="checkbox"/>
Student receiving Income Support / Universal Credit in own name	<input type="checkbox"/>
Student receiving both the Employment Support Allowance/ Universal Credit <b>and</b> Disability Living Allowance / Personal Independence Payments	<input type="checkbox"/>

**Please provide evidence of the above.**

This could be for example: a letter from the Local Authority confirming you are in care or have recently left care (Care Leaver); a letter from the DWP confirming the types of benefit to which the young person is entitled in their own right.

☐ **Discretionary Bursary: Medium Priority and Low Priority** (please tick if applicable)

Please identify which areas you require financial support with in order to complete your studies:

Support Required	Yes/No
<b>Transport costs associated with travel to/from school.</b> Please supply details of transport used (e.g. bus) & distance to school:	
<b>Personal Protective Clothing or necessary clothing if required for your course(s) (i.e. overalls, aprons, gloves, boots, sports kit).</b> Please supply details:	
<b>Books, materials, resources and equipment for courses.</b> Please supply details:	
<b>The cost of educational field trips and visits related to courses.</b> Evidence of costs will need to be supplied	
<b>Other costs including travel expenses for up to 3 Higher Education visits.</b> Evidence of costs will need to be supplied.	
<b>Daily canteen allowance (if not eligible for FSM).</b>	
<b>Loan of a laptop.</b>	
<b>Other costs not included above.</b> Please supply details:	

**Documentary evidence (official receipts/invoices) must be provided unless the item is ordered by or charged by the Academy.**

## Section D. Evidence

Are you entitled to free school meals? Yes ☐ No ☐

Are your parent(s)/guardian(s), in receipt of one or more of the following benefits? (please tick all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Universal Credit / Income Support     | <input type="checkbox"/> Job Seekers Allowance (JSA)                                |
| <input type="checkbox"/> Pension Guarantee Credit              | <input type="checkbox"/> Employment Support Allowance                               |
| <input type="checkbox"/> Child Tax Credit / Working Tax Credit | <input type="checkbox"/> Disabled Living Allowance / Personal Independence Payments |

Was your gross (before deductions) annual household income (including benefits) **below £28,000** in the last tax year?

Yes ☐ No ☐

**Gross Annual Household Income (including benefits):** £ \_\_\_\_\_

**Please provide evidence of the above.**

This could be for example: Tax Credit Award Notice / Universal Credit Award Notice (at least 3 of the most recent monthly award statements); a letter from the DWP confirming your family's benefits.

## Section E. Declaration & Signatures

- I/we declare that the information we have given in support of this application is correct and complete to the best of my/our knowledge and belief;
- I/we will inform the Academy of any change in circumstances at any time, which might affect my entitlement to support (e.g. if I leave school or am no longer eligible for funding);
- I/we understand that giving false or incomplete information which leads to incorrect or overpayment may result in future support being stopped and funds recovered. The matter may also be referred to the police with the possibility of facing prosecution;
- I/we understand the Bursary is a limited fund and support is subject to the Academy receiving sufficient funds from the ESFA. Therefore, financial support and/or reimbursement is not guaranteed;
- I/we understand that students will be asked to return any books and equipment purchased through the Bursary Fund to the 6<sup>th</sup> Form Administrator at the end of their studies in order for them to be re-used for the benefit of future Bursary students;
- I/we understand that this information will not be shared with third party organisations, except for audit purposes;
- I/we understand and agree to all the conditions and eligibility criteria of the scheme.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please print name: \_\_\_\_\_

**Parent/Carer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please print name: \_\_\_\_\_

Please return this form **with** all the relevant documentary **evidence** to the 6<sup>th</sup> Form Office.

This application and all documents provided with it will be dealt with confidentially.

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### For office use only

Date Application received \_\_\_\_\_ Authorised (6<sup>th</sup> Form Lead sign) \_\_\_\_\_

Processed (admin initials) \_\_\_\_\_ Letter sent to student (date) \_\_\_\_\_

#### Award Decision (circle)

**Vulnerable**

**Medium**

**Low**

**Not eligible**