

# 16 – 19 Bursary Fund Application Form 2018 – 2019



TBOWA  
6th Form

## Section A. Personal Details of Student

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

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

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

Age at 31 August 2018: \_\_\_\_\_ 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 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)

- Mother  Father  Grandparents  
 Parents' Spouse/Partner  Foster Parents  Live on my own

How many siblings 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

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 might include a letter from the Department of Work and Pensions confirming the types of benefit the student receives or a letter from the Local Authority confirming current or previous looked after status.

**Discretionary Bursary (Medium Priority, Low Priority, One-Off Support)**

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

<b>Support Required</b>	<b>Annual Estimate</b>
<b>Transport costs associated with travel to/from school.</b> Please supply details of transport used (e.g. bus) & distance to school:	
<b>Smart clothing, Personal Protective Clothing or necessary clothing if required for a course (i.e. overalls, aprons, gloves, boots, sports kit)</b> Please supply details:	
<b>Books, materials and equipment needed for a particular course.</b> Please supply details:	
<b>The cost of educational field trips and visits related to courses.</b> Please supply details:	
<b>Other costs including travel expenses for up to 3 Higher Education visits.</b> Please supply details:	
<b>Other costs not included above (i.e. meals).</b> Please supply details:	

**Documentary evidence (official estimates/receipts/invoices) must be provided unless the charge is made 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"/> Income Support / Universal Credit     | <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 a letter from the Department of Work and Pensions confirming your family's benefits; a P60; Tax Credit / Universal Credit Award Notice, audited accounts / official tax return.

## 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 results in an overpayment may stop any future payments and the Academy will seek repayment. 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 payment and/or reimbursement is not guaranteed.
- I/we understand that books and equipment purchased through the Bursary Fund should be returned to the 6th Form at the end of my studies.
- I/we understand that poor attendance, unauthorised absences and non-compliance with the 6<sup>th</sup> Form Student Learning Contract may result in the loss of financial support;
- I/we understand that Bursary awards and payments will be made subject to full attendance; the award will be on a pro-rata basis should attendance be less than 97%;
- I/we understand that Bursary payments may be withheld if an absence is not reported.
- I/we understand that failure to meet the Academy standards of behaviour, effort and completion of work may result in the loss of financial support;
- 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 confidentiality.

### 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**

**One-off Support**

**Not eligible**