**16-19 Bursary Fund Application form**

Further information and more detail about the 16-19 Bursary Fund can be found on our website. It may be useful to read it through before completing this application form.

Applications must be made by the student that is in need to the financial assistance provided by the bursary.

**Section 1 – Personal Details**

|  |  |  |
| --- | --- | --- |
| Name: |  | Date of birth: |
| Address: |  | |
| Post code: |  | |
| Tel: |  | email: |

**I wish to apply for a bursary from the following category (please tick the box):**

|  |  |
| --- | --- |
| **Category 1: Bursary for defined vulnerable groups** |  |
| **Category 2: Discretionary Award** |  |

**Section 2 - Personal Circumstances** (all applications are treated in the strictest confidence)

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are you in Local Authority Care, a care leaver, or living with foster parents? |  |  |
| Are you or a member of your household in receipt of Universal Credit? |  |  |
| Are you disabled and in receipt of Employment Support Allowance Disability Living Allowance and also Personal Independence Payment? |  |  |
| Have you been in receipt of free-school meals? |  |  |
| Do you or your parents receive any of the following benefits? | Please tick | Amount per month |
| Universal Credit |  |  |

|  |  |  |
| --- | --- | --- |
| If you live with or are financially dependent upon your parent(s) or guardians(s) and they are on low incomes please give the following details | | |
| Name |  | |
| Address (if different from yours) |  | |
|  | | Amount per week |
| You must provide clear evidence of your household income level. Examples may include;  P60, Tax Credit Award Notice or evidence of self-employed earnings), Income Support information, Inland Revenue Form beginning TC60 | |  |

**Section 3 – Financial Assistance Required**

Please indicate below the types of expense for which you need financial assistance. All information provided is strictly confidential and will only be used for the assessment purpose. Please indicate the cost of any individual items.

***Your application will not be considered if you do not complete this section.***

|  |
| --- |
|  |

**Section 4 – Student Declaration**

I certify that the information I have provided is correct and that I have provided supporting evidence. I understand that it is my responsibility to inform All Saints’ Academy of any changes to my personal circumstances; failure to do so may result in funds being reclaimed. Fraudulent claims will be reported to the police.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed |  | | Print Name | Date |
| **Procedure**  1. Application form (with supporting evidence) to be completed by the student/parent and submitted to Mrs Cain (Head of Sixth form)  2. Within 10 working days your application will be assessed; You will then be informed of their decision within 2 working weeks.  3. You are entitled to appeal against any decision (See Bursary statement)  4. Some provision may be available for immediate emergency payments.  5. If a student who has received financial assistance leaves before the completion of their course they may be required to repay all or part of their grant.  *For Office Use only* | | | | |
| Date | | Action | | |
|  | | Attendance:  Punctuality:  Deadlines met:  Eligibility: | | |
| Authorising signature | |  | | |
|  | |  | | |

|  |  |
| --- | --- |
| Rejected | Reason |
| Date: |  |

|  |  |
| --- | --- |
| Student informed | Action |
| Date: |  |

|  |  |
| --- | --- |
| Supporting Documents | Record |
|  |  |

|  |  |
| --- | --- |
| Payment schedule | Action |
|  |  |