

16-19 Bursary Fund Application 2024-25

1. Student Details:

Surname:							
First Name(s):							
Gender:							
Date of Birth:							
(dd/mm/yyyy)							
Age on 31 August 2024:							
Do you have an							
Education Health Care Plan (EHCP)?							
2. Contact Details:							
Home Address and Postcode:							
Home Telephone number: Students Mobile number:							
Students Pioblie Humber.							
Students email address:							
Have you the right to live i 3 years?	n and	l been res	ident in	the Uk	for at lo	east	Yes/No
3. Students Bank or building The Education funding agency person's account, unless in excadminister their own account. account which will allow payments	does i ception Stude	not expect nal circums nts aged 1	the burs stances v 6-19 sho	ary to b where a ould ope	student is n their ov	s unab vn per	le to sonal bank
Full name of account holder:							
(As it appears on your bank of							
Name of Bank/Building Societ	:у						
Sort Code:							
Account Number							
		l .					

4.Vulnerable Student Priority Group:

Students may receive a bursary of up to £1200 per annum if at least one of the following applies and there is an assessed need for financial support:

• You are a young person in care or a care leaver

• You receive Income Support or Universal Credit in your name, because you are financially supporting yourself

• You are a disabled person receiving Disability Living Allowance or Personal Independence Payment in your own right, plus Employment and Support Allowance or Universal Credit in your name.

Yes/No

If the answer is Yes to any of the above benefits please attach a copy of your Entitlement/award letter dated within the last 3 months.

If you think you may be eligible to receive a discretionary bursary please complete **sections 4a - 8 below.** Otherwise go straight to section **8.**

4a. Financial Assessment:

Are you in receipt of Free School Meals?	Yes/No

4b. Household Members:

Details	Person 1	Person 2
Surname:		
First Name(s)		
Relationship to student		
Telephone number		
Email		

5. Income:

To be completed by the person(s) responsible for the household bills

Employment:

Person 1	Are you **employed/Self-employed	If yes please submit **P60/
	Yes/No	Self-assessment tax return
Person 2	Are you **employed/Self-employed	If yes please submit **P60/
	Yes/No	Self-assessment tax return

If you are not employed please tick the relevant boxes to indicate the benefit(s) you receive.

Benefit Received	Person 1	Person 2
Universal Credit		
Income Support		
Income-based Jobseeker's allowance		
Income-related Employment and Support Allowance		
Personal Independence Payment		
Carer's Allowance		
Housing Benefit		
Council Tax Benefit		

Please tick the relevant boxes to indicate all other income received into the household.

Other Income	Person 1	Person 2
Working Tax Credit		
Child Tax Credit		
Child Benefit		
Grants or Bursaries		
Any other Income/Benefit (please specify)		

6. Evidence:

Whatever you have declared in section **5** above must be supported by evidence (photocopies accepted) in order for an assessment to be made.

The tables below show the evidence you will need to provide with your application form .Once you have declared your benefits on the application form please identify the type of income that applies to you in the first column and the evidence required column will confirm what you need to provide.

You only need to provide one of the following for each type of income received: Employment:

Type of Income	Evidence Required
	P60 for Tax year 2023-24, or week 52 (last week in
Annual Salary	March 2024) payslip or Month 12 (March 2024) payslip
Self-Employed	Copy of Self-Assessment tax return 2023-24

Benefit Received:

Type of Income	Evidence Required
Universal Credit	Entitlement/award letter – dated within
	last 3 months
Income Support	Entitlement/award letter – dated within
	last 3 months
Income-based Jobseeker's allowance	Entitlement/award letter – dated within
	last 3 months
Income-related Employment and Support	Entitlement/award letter – dated within
Allowance	last 3 months
Personal Independence Payment	Entitlement/award letter – dated within
	last 3 months
Carer's Allowance	Entitlement/award letter – dated within
	last 3 months
Housing Benefit	Entitlement/award letter – dated within
	last 3 months
Council Tax Benefit	Entitlement/award letter – dated within
	last 3 months

Other Income:

Type of Income	Evidence Required
Working Tax Credit	Working Tax Credit Award Notice marked 2023-24.
	Must be for Full year and not partial awards.
	(FULL AWARD NOTICE)
Child Tax Credit	Child Tax Credit Award Notice marked 2023-24. Must
	be for Full year and not partial awards.
	(FULL AWARD NOTICE)
Child Benefit	Award letter
Grants or Bursaries	Relevant paperwork detailing entitlement and amount
	paid
Any other Income/Benefit	Relevant paperwork detailing entitlement and amount
(please specify)	paid

7. Bursary Funding Need:

Complete the table below summarising how much bursary funding you are requesting under each of the categories listed (where applicable) and give brief details in support of the amounts requested e.g. what essential books you need. Department Leaders will be able to advise on which books and/or equipment are recommended for the course.

No.	Description of Funding need (continue on separate sheet if required)	Funding Request for Year £
1	Unavoidable home to school transport	
2	Essential books / Equipment	
3	Field trips/ Visits necessary for the course	
4	Other course related costs	_
	Total Bursary support requested for the Year	£

8. Declaration:

Please read the declaration below carefully before signing:

- I declare that the statements made on this form are true and correct to the
 best of my knowledge in every respect. I undertake to supply any additional
 information that may be required to verify the declarations made. I
 understand that if I refuse to provide information relevant to my claim for
 bursary support the application will not be accepted. I also undertake to
 inform the school of any amendments or change in circumstance affecting any
 of the declarations made in writing. I agree to repay the school in full and
 immediately any sums advanced to me if the information I have given is later
 identified as being false or deliberately misleading.
- I am aware that the funding only covers one school year and that I must reapply for further funding next year should I still attend the school. I am aware that there is no guarantee that I will receive funding for future years even if I am eligible for the current year.

Signed (Student):	Date:
Signed (Person 1 or 2):	Date: