

The 16-19 Bursary

Fund

Application Form 2021/22

RESPECT BELIEVE ACHIEVE

Student Details

| Surname | |
|----------------------|--|
| First Name | |
| Date of Birth | |
| Address | |
| | |
| | |
| Post Code | |
| Distance from school | |
| Home Number | |
| Mobile Number | |

Student Bank Details

| 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 need to open one before | | | |
| completing this form. | | | |
| Name of Account Holder | | | |
| Name of Bank | | | |
| Branch | | | |
| Sort Code// | | | |
| Account Number | | | |
| Roll Number | | | |

I confirm that the details are true and accurate. I also accept that bursary payments are made to students who have attendance of 93% or above unless supported by a medical letter and continue to display a positive attitude towards learning. Any issues regarding attendance or attitude toward learning may result in deduction in bursary payments being made.

| Student Signature | Date |
|-------------------|------|
| | |



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Parental/Career Details

| Surname | | |
|--|--|--|
| First Name | | |
| Date of Birth | | |
| Address | | |
| | | |
| | | |
| Post Code | | |
| National Insurance Number | | |
| Home Number | | |
| Mobile Number | | |
| Household Income | | |
| Please attach required evident to this application form. | | |

Application Priority Group - Please indicate which level of bursary you are applying for

| Bursary for Vulnerable Groups - Level 1 | |
|---|--|
| I wish to apply for Level One Priority Funding under the following criteria (please delete as | |
| appropriate): | |
| I am living in care | |
| I have just left living in care | |
| I am in receipt of income support | |
| I am disabled and receiving both Employment Support Allowance and Disability Living | |
| Allowance | |
| I attach to this form evidence to support my application | |
| Discretionary Bursary – Level 2 | |
| I wish to apply for Level Two Priority Funding under the following criteria (please delete as | |
| appropriate): | |
| I My gross household income is below £20,000 | |
| Iligible for Free School Meals | |
| I My household is in receipt of other means tested benefits | |
| I attach to this form evidence to support my application | |
| Discretionary Bursary – Level 3 | |
| I wish to apply for Level Three Priority Funding under the following criteria (please delete as | |
| appropriate): | |
| I My gross household income is between £20,000 and £25,000 | |
| I have another identifiable financial need (please explain below) | |
| I attach to this form evidence to support my application | |



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RESPECT BELIEVE ACHIEVE

Discretionary Bursary – Level 2 and Level 3 applicants

I wish to apply for support towards:

(Eg bus pass, uniform, specific equipment relevant to programmed of study)

| Specific Need | Amount applied for | Total |
|---------------|--------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

I will be able to provide receipts for the above.

I confirm that the details on this application and the evident provided are true and accurate.

| Signed : | (Learner) |
|----------|----------------|
| Signed: | (Parent/Carer) |
| Date: | |

| Outcome of application – Level Awarded | | Any monthly payments advised | |
|--|--|------------------------------|-----------------------|
| | | | |
| Evidence provided and attached | | | |
| | | | |
| | | | |
| Signed : | | | (Head of Sixth Form) |
| Signed: | | | (Sixth Form Admin) |
| Signed: | | | (School Finance Team) |