

# 16-19 Bursary Fund 2023-24

## **Application Form**

1.1 Learner Details				
Surname :				
First name(s):				
Sex (M/F):				
Date of Birth (dd/mm/yyyy)				
Age on 31 August 2023				
Do you have an Education Health Care Plan (EHCP)?				
1.2 Contact Details				_
Home Address				
		Postcode:		
		rosicode.		
Home telephone number:				
Learner's mobile number:				
Learner's email address:				
Have you the right of abode ar at least 3 years:	ાd been resident in the UK for	Yes □	/ No 🗆	
in exceptional circumstances wh can open a basic bank account,	ety Account Details does not expect the bursary to be nere a learner is unable to admin which will allow payments by ba asic bank accounts can be found	ister their own nk transfer, and	account. Learners	aged 16 ithdraw
-	ce.org.uk/en/articles/basic-bank			
Full name of account holder: (as it appears on your bank can Name of Bank/Building Society				
Sort code:				
Account number:				$\dashv$

	bie Learner Priorii		C1 200 m a !f == 1 1	£
			£1,200 p.a. if at least one o sessed need for financial	T
• you are	<ul> <li>you are a young person in care or care leaver</li> </ul>			Yes 🗆 / No 🗆
• you red	ceive Income Supp	ort or Univ	versal Credit in your name	Yes 🗆 / No 🗆
<ul> <li>you are a disabled person getting Disability Living         Allowance or Personal Independence Payment, plus         Employment and Support Allowance or Universal Credit in         your name</li> </ul>			Yes  / No	
lated within	the last 3 months			oy of your entitlement/award let
	ou also may be el lease <b>go straight t</b> o	•	•	y you should complete section 2 l
2. Financia	l Assessment			
Are you in I	receipt of Free Sch	ool Meals?	Yes 🗆 / No 🗆	
.1 Househo	old Members (Adı	ults)	Person 1	Person 2
Surname:			Person 1	Person 2
First name(	(s):			
Relationshi	p to learner:			
Telephone:				
Email:				
2.2 Income	ated by the perser	n(s) rospon	sible for the household bills	
o ne compi	eteu by the persor	i(s) respon	אוטוב זטו נוופ ווטעאפווטוע שוווא	) <b>.</b>
mploymen	t		T	
Person 1	Are you *emplo employed? Yes \(\sigma\) / No \(\sigma\)	oyed/self-	Insert your annual gross earnings (pre-tax)	If yes, please submit *P60/self- assessment tax return
Person 2	Are you *emplo	avad/salf	Insert your annual gross	If yes, please submit *P60/self-

<sup>\*</sup> Please delete as appropriate

If you are not employed please insert the annual amount of the following benefits you receive.

Benefit Received	Person 1 (£ p.a.)	Person 2 (£ p.a.)
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 indicate in the relevant boxes the annual amounts of 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)		

## 3. Evidence

Whatever you have declared in section 2.2 above must be backed up 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 and identified your benefits on the application find the **Type of Income** that applies to you in the first column and the **Evidence Required** column will tell you 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
Annual Salary	P60 for tax year 2022-23, or week 52 (last week in March
	2023) payslip or month 12 (March 2023) payslip
Self Employed	Copy of Self Assessment tax return 2022-23

## **Benefit Received**

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

#### Other Income

Type of Income	Evidence Required
Working Tax Credit	Working Tax Credit Award Notice marked 2022-23. Must be for full year and not partial awards (FULL AWARD NOTICE)
Child Tax Credit	Child Tax Credit Award Notice marked 2022-23. 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 (please specify)	Relevant paperwork

4.	Rursary	<b>Funding</b>	Need
4.	Duisaiv	runung	weeu

Complete the table below summarising how much bursary funding you are seeking under each area (as applicable) and give brief details in support of the amounts sought e.g. what essential books you need.

No.	Description of Funding Need (continue on separate sheet if required)	Funding Required for Year (£)
1	Unavoidable Home to School Transport	
2	Essential Books / Equipment	
3	Field Trips	
4	Other Course-Related Costs	
	TOTAL BURSARY SOUGHT	

#### 5. Declaration

#### Please read the declaration below and read carefully before signing:

- I declare that the statements made on this form are true and to the best of my knowledge and believe are correct in every respect. I undertake to supply any additional information that may be required to verify the particulars given. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I also undertake to inform the school of an alteration to any of the particulars in writing. I agree to repay the school in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.
- I am aware that the funding covers only this school year and that I must re-apply next year; there is no guarantee that I will receive funding for future years even if I am eligible for the current year.

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