**16 to 19 Bursary Fund Application:**

**Defined Vulnerable Groups Bursary**: for students in financial need who are in care, recent care leavers, students receiving Income Support (or Universal Credit) in their own name and disabled students in receipt of both Employment Support Allowance and Disability Living Allowance or Personal Independence payments. Please read the School’s Bursary guidance carefully before completing and submitting your application. Section A (to be completed by the student)

|  |  |
| --- | --- |
| Students Full name |  |
| Date of Birth  |  |
| Student’s full address including postcode: |  |
| Contact telephone number: |  |
| Email address: |  |

|  |
| --- |
| I wish to claim support from the 16 to 19 Defined Vulnerable Group bursary fund, and I provide the following information as evidence of my personal circumstances (please tick as appropriate and attach documentary evidence) |
|  | Tick as appropriate |
| Written Local Authority evidence of looked-after or care status, or of previous recent looked-after status. |  |
| For students in receipt of Income Support who are financially supporting themselves / and someone who is dependent on them, a copy of the award notice in their own name. |  |
| For students in receipt of Universal Credit who are financially supporting themselves / and someone who is dependent on them who is living with them, a copy of the award notice in their own name, plus a tenancy agreement in the student’s name, a child benefit receipt, a child benefit receipt, child(ren)’s birth certificate, utility bills etc.  |  |
| For students receiving Universal Credit or Employment and Support Allowance, a copy of the claim/award notice, plus evidence of receipt of Disability Living Allowance or Personal Independence Payments. |  |
| Other relevant financial evidence relating to household income or circumstances (please specify). |  |

|  |
| --- |
| Student Bank/Building Society Details To receive payments, you must have a bank account in your own name. 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 Address: |  |
| Account Number: |  | Sort Code: |  |
| Please note that if your application for the 16 to 19 Bursary Fund is unsuccessful these details will be shredded. For those that are successful, these details will be kept securely and confidentially. |

|  |
| --- |
| I confirm that I have read the school’s attached guidance, and the information provided on this form is correct. I understand that any false information given, or failure to notify the Pastoral Team of a change in personal circumstances, will result in disqualification of support, and may result in further action. |

|  |
| --- |
| I understand that I may have to repay part, or all of this assistance offered if my attendance, conduct, or progress is not satisfactory. I confirm I consider myself / my young person to be in financial need. |
| Student signature:  | Date: |
| Parent/Guardian signature: | Date: |

**16 to 19 Bursary Fund Application:**

**Discretionary Bursary Discretionary Bursary**: for students from lower income households where support is necessary to overcome financial barriers and enable participation. This would typically include students from households in receipt of benefits OR students with an identifiable financial need.

**Section A (to be completed by the student)**

|  |  |
| --- | --- |
| Student’s full name: |  |
| Student’s full address including postcode: |  |
| Contact telephone number: |  |
| Email address: |  |

|  |
| --- |
| I wish to claim support from the 16 to 19 discretionary bursary fund, and I provide the following information as evidence of **my household circumstances** (please tick as appropriate and attach documentary evidence). All documentation should relate to the current financial year. Please note you do not have to provide all the evidence below – **any evidence you provide will be taken into consideration.****Any gaps will mean that the application cannot be processed and will be returned.** |
|  | **Please add N/A if not applicable to your family (household)** | Monthly total £ |
| Universal Credit, Income Support, or Employment and Support Allowance: all pages of the 3 most recent award statements showing earnings for each period. |  |  |
| Disability Living Allowance, Carers Allowance, or Personal Independence Payments. |  |  |
| P60 or 2 months’ pay slips, or 4 weekly slips dated within 3 months. |  |  |
| Audited accounts or official tax return or tax credits showing self-employed income. |  |  |
| Pension – official letter showing an ongoing pension. |  |  |
| Council Tax Reduction – all pages of an official letter showing ongoing benefit. |  |  |
| Child Tax Credit and Income. All pages of the tax credits award or bank statements showing 3 consecutive payments dated within 3 months. |  |  |
| Entitlement to any other benefits – housing benefit etc. |  |  |
| Details of any other income / earnings |  |  |
| Other relevant evidence relating to household income or circumstances (please specify), e.g., in receipt of free school meals in Year 11, number of dependent children etc. |  |  |
| The information provided is for this purpose only and will be treated in the strictest confidence. |

|  |
| --- |
| I confirm that I have read the attached guidance, and the information provided on this form is correct. I understand that any false information given, or failure to notify CSCD of a change in personal circumstances, will result in disqualification of support, and may result in further action. I understand that I may have to repay part, or all of this assistance offered if my attendance, conduct, or progress is not satisfactory. I confirm I consider myself / my child to be in financial need. |
| Student signature:  |  | Date: |
| Parent/Guardian signature: |  | Date: |

**Section B (to be completed by the student)**

|  |
| --- |
| Student Bank/Building Society Details To receive payments, you must have a bank account in your own name. 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 Address: |  |
| Account Number: |  | Sort Code: |  |
| Please note that if your application for the 16 to 19 Bursary Fund is unsuccessful these details will be shredded. For those that are successful, these details will be kept securely and confidentially. |