

Name.....

ID Number.....

ONLY COMPLETE THIS APPLICATION FORM IF YOUR
TOTAL HOUSEHOLD INCOME IS **BELOW £23,000**

16 - 19 BURSARY APPLICATION FORM

2018 - 2019

For students who are under 19 years of age on 31st August 2018

ALL FUNDING IS SUBJECT TO AVAILABILITY AND CHANGE

Incomplete Applications will NOT be processed

FOR OFFICE USE ONLY:	FOR ASSISTANT PRINCIPAL'S USE ONLY:																
Date Received _____	Signature _____																
Form completed and signed by applicant <input type="checkbox"/>	Name <u>David Blower</u>																
Benefit Evidence <input type="checkbox"/> Wage Slips <input type="checkbox"/>	Date _____																
Bank Statement / Building Society book <input type="checkbox"/>	Support Type Awarded:																
Keyed onto database _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">Pending</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>Bursary</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Bursary Meals</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Free Meals</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	Pending	No	Bursary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bursary Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	Pending	No														
Bursary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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Free Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Meals keyed onto system _____																	
Student Advised _____																	

Complete this form in **BLACK INK** and in **BLOCK CAPITALS**.
Answer all of the questions required – enter N/A, No or NIL where appropriate.
Make sure you sign and date the application in Section 8



You will need to provide additional evidence where you see this symbol

Section 1 – Your Personal Details

Title(tick One Box only): Mr Ms Miss Mrs Other

Your First Names (in full)

Your Surname (in full)

Your Gender Male Female

Your Date of Birth / / Your age (in years) on 31st August 2018

Your Home Address

Your Term Time Address (if different to home address)

Your home telephone number

Your mobile telephone number

Section 2 – Your Payment Details

- Complete ALL the boxes below.
- If we can pay support directly to you we will do this by paying the money directly into **your** bank or building society account.
- We cannot pay into anyone else's account.
- Make sure your account can accept BACS Direct Credits. You can check this with your Bank/Building Society
- Sorry we **CANNOT** pay into Post Office Card Accounts and **SOME** building society accounts which have roll numbers

Bank Name (e.g. Barclays)

Branch Location(e.g. Birmingham New Street)

Name of Account Holder(e.g. J Smith)

Account Number Sort Code



You need to provide a **photocopy** of a bank or building society document to confirm your account details

Section 3 – Groups for Priority Help

The College prioritises applications for some groups of people. Please tick Yes or No to the following statements:

	Yes	No
I am a young person who is looked after in care (includes unaccompanied asylum-seeking children)	<input type="checkbox"/>	<input type="checkbox"/>
I am a Care Leaver	<input type="checkbox"/>	<input type="checkbox"/>
I am receiving Income Support or Universal Credit because I am financially supporting myself / financially supporting myself and someone who is dependent on me as they are living with me (for example a child or partner)	<input type="checkbox"/>	<input type="checkbox"/>
I am receiving Disability Living Allowance or Personal Independence Payments in my own right as well as Employment and Support Allowance or Universal Credit.	<input type="checkbox"/>	<input type="checkbox"/>



You need to provide a **photocopy** of a letter/document to confirm your status

Section 4 – About the other people living in your home

Do you live with at least one of your parents(s) / guardian(s)?

Yes ➔ Please complete Section 4A below then continue onto section 5

No ➔ Continue onto Section 5

Section 4A: About your parents(s)/guardian(s)

Family Name	First Name	Occupation (please circle which is applicable)
<input type="text"/>	<input type="text"/>	Employed / Self Employed / Unemployed / Other
<input type="text"/>	<input type="text"/>	Employed / Self Employed / Unemployed / Other

Question 4.1: How many brothers or sisters (under the age of 18) live with you?

Section 5 – Income

Do you or your parent(s) / guardian(s) mentioned in Section 4 receive any of the following?

	Yes	No	Amount	Wk/Mth/PA	
Employment - P60/wage slips					
Self Employed - Self assessment tax calculation					
Universal Credit – Award notice					
Working Tax Credit - TC602 Letter 2018 to 2019					FM
Child Tax Credit - TC602 Letter 2018 to 2019					
Job Seekers Allowance - Benefit letter showing amount					FM
Employment and Support Allowance - Benefit letter showing amount					FM
Income Support - Benefit letter showing amount					FM
State Pension - Benefit letter showing amount					
Pension Credit: Guarantee Credit - Benefit letter showing amount					FM
Unearned Income (eg shares/investments, savings, rental income) - Letter / documents confirming income					
Support under part VI of the Immigration and Asylum Act 1999					FM
Other Benefits/Income - Please Specify					
Total Income from employment and or benefits	n/a	n/a			



You need to provide good quality photocopies of proof of income dated after 1st April 2018. ALL PAGES must be copied and handed in with your application or it will not be accepted

TO BE COMPLETED BY OFFICE STAFF ONLY: OUTSTANDING INFORMATION / ACTIONS TO BE TAKEN

Section 6 – Support Requested

Please tick below the support you are applying for:

- Criteria
- Bursary and Meals 95% Attendance and good/excellent behaviour - £60 per half term & meals at £3.85 per day
- Bursary ONLY 95% Attendance and good/excellent behaviour - £60 per half term
- Meals ONLY £3.85 per day

Section 7 – Declaration

Please read the following carefully before signing:

I/we certify that the information provided is correct and will inform you immediately if the details given on this form change. I/we recognise that providing false information can leave us open to prosecution.

I/we understand that withdrawal from the course before completion may require the repayment of any funding received for that term.

I/we understand that continued support from the 16-19 Bursary is dependent upon attendance, punctuality and behaviour and that poor performance could lead to the withdrawal of any financial support received. I/we understand that attendance must be 95% or above to receive the Bursary payment and have good/excellent behaviour.

I/we understand that the information given on this application and its retained supporting evidence is used by the Student Finance Office to determine eligibility for further financial support – by signing the application you are giving your consent for the application and its supporting evidence to be used/retained for the purposes described. I/we understand that the College will retain the supporting documents/evidence for a maximum of 7 years.

I/we understand that the application and supporting evidence will be treated as **confidential** and will only be seen by those responsible for the processing of this application but that it may be necessary for the Student Finance Office to contact other College staff for further information to allow for the application to be processed.



Student Signature: _____

Date: __/__/__

**Return this completed form to the Student Finance Office (0Q27) with any evidence required.
You will be notified of the decision via your College e-mail.**



This section must be signed by a person named on the income documents

Signature _____ Date _____

Please advise us of any additional circumstances that need to be taken into consideration: