

# 16-19 Bursary Fund 2020/21

## Application Form — Confidential

### MUST BE COMPLETED IN FULL



#### Section 1: Student Details — to be completed by students.

Unique Reference Number <input type="text"/>									
Surname <input type="text"/>	Forename <input type="text"/>								
Home address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> (Please tick)								
	Date of Birth <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y		
	D	D	M	M	Y	Y			
	Age on 1st September 2020 <input style="width: 100px;" type="text"/>								
Mobile Telephone Number <input style="width: 100%; height: 20px;" type="text"/>									
Postcode <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

Do any of these apply to you? (tick all those that apply) (Evidence to be attached—See Policy Section 9)

I am living independently, if so where (please write below) <input type="checkbox"/>	I am a parent <input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>	I am a looked after young person <input type="checkbox"/>
I receive another Financial Benefit (please state below) <input type="checkbox"/>	I consider myself disabled <input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>	I am receiving Universal Credit in my own right <input type="checkbox"/>

#### Section 2: Student Bank Details

Bank/Building Society Name <input style="width: 200px;" type="text"/>	Name of Account Holder <input style="width: 250px;" type="text"/>																						
Sort Code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																			

#### Section 3: Residency Status Please provide a copy of your passport or NI Number.

British Citizen <input type="checkbox"/>	EU/EEA Citizen <input type="checkbox"/>	Asylum Seeker <input type="checkbox"/>	Refugee/Indefinite Leave to Remain <input type="checkbox"/>
Humanitarian Protection <input type="checkbox"/>	Discretionary Leave to Remain <input type="checkbox"/>	National Asylum Support System (NASS) <input type="checkbox"/>	

#### Section 4: Programme of Study

Year Group <input style="width: 30px;" type="text"/>	Programme of Study (e.g. GCE/GCSE/BTEC)						
Subjects	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 25px;">1</td> <td style="width: 50%; height: 25px;">2</td> </tr> <tr> <td style="width: 50%; height: 25px;">3</td> <td style="width: 50%; height: 25px;">4</td> </tr> </table>	1	2	3	4		
1	2						
3	4						
Young Person Signature <input style="width: 400px;" type="text"/>	Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		

## Section 5: Parent/Carer(s) Details (to be completed in full by parent/carer(s) living at same address as student)

Adult 1

Mr

Mrs

Ms

Miss

Full Name

Home address

  
  


Postcode

Adult 2

Mr

Mrs

Ms

Miss

Full Name

Home address

  
  


Postcode

Mobile Telephone Number (if applicable)

Mobile Telephone Number (if applicable)

Relationship to young person

Relationship to young person

## Section 5: Income Information (to be completed by parent/carer(s))

Do you receive any of the following?

Adult 1

Adult 2

(evidence must be provided, see Policy Section 9)

Adult 1

Adult 2

Universal credit

  

  


Income-related Employment Support Allowance

  

  


Income-based Jobseekers Allowance

  

  


Pension Credit

  

  


What was your total household income for the Tax Year 2019-20?

£

## Section 6: Parent/Carer(s) Declaration

I confirm that the information given on this application form is true and correct

Adult 1 Signature

Date

D	D	M	M	Y	Y
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Adult 2 Signature

Date

D	D	M	M	Y	Y
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## Section 9: FOR SCHOOL / 6TH FORM USE ONLY

Date Application Checked

D	D	M	M	Y	Y
---	---	---	---	---	---

Checked by

Application Complete?

Y	N
---	---

Evidence Submitted?

Y	N
---	---

More information needed?

Y	N
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