

16-19 Bursary Fund 2020/21

Application Form — Confidential MUST BE COMPLETED IN FULL



Section 1: Student Details

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"/>		
Postcode	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/> (Please tick)
		Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Age on 1st September 2020	<input type="text"/>
		Mobile Telephone Number	<input type="text"/>

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 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 type="text"/>		I am receiving Universal Credit in my own right	<input type="checkbox"/>

Section 2: Student Bank Details

Bank/Building Society Name	<input type="text"/>	Name of Account Holder	<input type="text"/>
Sort Code	<input type="text"/>	Number	<input type="text"/>

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 type="text"/>	Programme of Study (e.g. GCE/GCSE/BTEC)	
Subjects	1 <input type="text"/>	2 <input type="text"/>	
	3 <input type="text"/>	4 <input type="text"/>	
Young Person Signature	<input type="text"/>	Date	<input type="text"/>

Section 5: Parent/Carer(s) Details (to be completed in full by parent/guardian/carer(s))

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
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Checked by

Application Complete?

Y	N
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Evidence Submitted?

Y	N
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More information needed?

Y	N
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