

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.

Tutor Group:

Section A (to be completed by the student)

Student's full name:

Student's full address including postcode:		
Contact telephone		
number:		
Email address:		
evidence of my household documentation should rela	n the 16 to 19 discretionary bursary fund, and I provide the circumstances (please tick as appropriate and attach docute to the current financial year. Please note you do not ha ence you provide will be taken into consideration.	mentary evidence). All
•	· ·	Tick as appropriate
-	pport, or Employment and Support Allowance: all pages statements showing earnings for each period.	
Disability Living Allowance,	Carers Allowance, or Personal Independence Payments.	
P60 or 2 months' pay slips of	or 4 weekly slips dated within 3 months.	
Audited accounts or official	tax return or tax credits showing self-employed income.	
Pension – official letter sho	wing an ongoing pension.	
Council Tax Reduction – all	pages of an official letter showing ongoing benefit.	
	e above £16,190 per year – all pages of the tax credits showing 3 consecutive payments dated within 3 months.	
	enefits – housing benefit etc	
Details of any other income	e / earnings	

Other relevant evidence relating to household income or circumstances specify), e.g. in receipt of free school meals in Year 11, number of depending etc.	••	
Information provided is for this purpose only and will be treated in the s	tristast sanfid	200
Information provided is for this purpose only and will be treated in the state of t	Cost	ence.
to the best of your knowledge when submitting the claim e.g. travel,		hat if you are including
essential books or equipment.		ts please specify weekly
(Please note that if you require stationery we will supply this)	•	ost of a monthly/season
	bus/rail pass	as appropriate
Total costs applicable:	£	
NB: For audit purposes all receipts, invoices, etc must be filed with this cl	aim to verify _l	payment.
I confirm that I have read the attached guidance, and the information p	rovided on th	is form is correct.
I understand that any false information given, or failure to notify the Si personal circumstances, will result in disqualification of support, and m		~
I understand that I may have to repay part or all of this assistance offer progress is not satisfactory.	ed if my atten	idance, conduct, or
I confirm I consider myself / my child to be in financial need.		
Student signature:	Date:	
Parent/Guardian signature:	Date:	



Student Bank/Building So	ciety Details			
To receive payments, you	must have a bank account ir	n your own na	me. If you do	not have a bank
account, you need to oper	one before completing this	form		
Name of Account Holder:				
Name of Bank:				
Branch Address:				
Account Number:			Sort Code:	
•	plication for the 16 to 19 Bu	-	unsuccessful	these details will be
shredded. For those that a	re successful, these details	will be kept se	ecurely and co	onfidentially.
	by Bursary Fund Administr	· ·	ecurely and co	onfidentially.
Section C (to be completed	by Bursary Fund Administr	ator)	,	·
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Section C (to be completed I have seen the evidence req Bursary Committee member	by Bursary Fund Administr	ator)	oies on the stu	·
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I have seen the evidence req Bursary Committee member Award approved / amount:	by Bursary Fund Administruired for the full bursary and he in attendance:	ator)	oies on the stu	·
I have seen the evidence req Bursary Committee member Award approved / amount:	by Bursary Fund Administruired for the full bursary and he in attendance:	ator)	oies on the stu	·



Administrator name and signature:

Finance authorisation:

Date:

Date: