**Application to 16-19 Bursary Fund**

**Academic Year September 2023 – July 2024**

**Financial Assessment Form**

1. **Learner Details**

|  |  |
| --- | --- |
| Surname / Family name |  |
| First name(s) |  |
| Sex (M / F) |  |
| Date of Birth (dd/mm/yyyy) |  |
| Age on 31st August 2023 |  |
| You must be aged 16, 17, or 18 on 31st August 2023 to apply. |

2. **Address Details**

|  |  |
| --- | --- |
| Home Address |  |
|  |  |
|  |  |
|  |  |
| Postcode |  |
| Home telephone number |  |
| Mobile telephone number |  |
| E-mail address |  |

3. **Your Bank or Building Society account details**

*This should be the name as it appears on the* **student’s** *cash or debit card, or statement*

|  |  |
| --- | --- |
| Full name of Account Holder |  |
| Name of Bank / Building Society |  |
| Branch |  |
| Sort Code |  |
| Account Number |  |

4. **Course Details**

|  |  |
| --- | --- |
| Full time / Part time / guided learning hours (g.l.h.) per week |  |

5. **Transport**

|  |  |
| --- | --- |
| How do you get to school?Yearly cost of travel to school. |  |

6. **Financial Information**

|  |  |
| --- | --- |
| Are you and / or your sibling(s) in receipt of free school meals? | Yes / No |
| Sibling Name(s) |  |

If you, or your siblings, are in receipt of Free School Meals, you do not need to provide further financial information in the Financial Assessment section.

7. **Household Members**

|  |  |  |
| --- | --- | --- |
|  | Parent/Carer | Parent/Carer |
| Surname |  |  |
| First name(s) |  |  |
| Relationship to Learner |  |  |
| Telephone  |  |  |

8. **Vulnerable Students**

Where you may be eligible to receive an award of £1,200/year as a member of a named vulnerable, you will need to provide evidence to support that claim related to certain benefit categories below.

|  |
| --- |
| **Vulnerable students eligible for £1200.00 bursary** |
| I am a young person in care |  |
| I am a young care leaver |  |
| I am in receipt of Income Support or Universal Credit in my own right and am financially supporting myself and anyone who is dependent upon and living with me |  |
| I am in receipt of Disability Living Allowance or Personal Independence Payments in my own right as well as Employment and Support Allowance or Universal Credit in my own right. |  |

9. **Household Income**

Please include the required **original** supporting documentation with this form showing total household income. All evidence will be photocopied and dealt with in strictest confidence. *Please do not send any original documentation in the post. The student should bring this directly to Mrs Reed in the Sixth Form Office who will photocopy and return ASAP.*

|  |  |
| --- | --- |
| Annual household income: | £ |

Please tick the supporting documentation provided

|  |  |
| --- | --- |
| P60 (tax year 2022-2023) |  |
| Tax Credit Award (tax year 2023-2024) |  |
| Evidence of self-employment income (tax year 2021-2022) |  |
| Universal Credit Monthly Award Notices for June, July and August 2023 |  |

10. **Declaration**

*Please read the declaration below and read carefully before signing:*

I declare that the statements made on this form are true and to the best of my knowledge and belief are correct in every respect.

I undertake to supply any additional information that may be required to verify the particulars given.

I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I also undertake to inform the school of any alteration to any of the particulars in writing.

I agree to repay the school in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.

I am aware that the funding covers only this school year and that I must re-apply next year; there is no guarantee that I will receive funding for future years even if I am eligible for the current year.

All awards will be dependent upon students adhering to the terms and conditions set out in the Sixth Form Learning Agreement.

Signed (Learner) ……………………………………. Date …………………….

Signed Parent/Carer ……………………………………. Date …………………….

For School use: Date Received:

Authorised By: Date: