

16 – 19 Bursary Scheme

2020/2021

Application Form

|  |  |
| --- | --- |
| **Office Use Only** |  |
| Date Application Received |  |
| Initials |  |
| Year group |  |

Please read the St. Bede’s Sixth Form College 16-19 Bursary Fund Policy before completing this form

All sections to be completed in BLOCK CAPITALS

**SECTION A: Student Details**

|  |  |
| --- | --- |
| Legal ForenameLegal Middle name(s) | Legal Surname |
| Date of birth | Gender: Male ☐ Female ☐ |
| Address | Time spent at this addressYears:Months: |
| Postcode | Student email  |
| Home telephone including area codePlease write number in the boxes below | Student mobile:Please write number in the boxes below |

**SECTION B - Level Required**

**Please tick which level of bursary you are applying for and attach supporting evidence to your application**

|  |  |
| --- | --- |
| **Level One – Identified vulnerable students eligible for up to £1,200.00 bursary (paid weekly pro-rata)** |  |
| 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 name (student) because I am financially supporting myself and someone who is dependent on me and living with me such as a child or partner. |  |
| I am in receipt of both Disability Living Allowance (or Personal Independence Payments) as well as Employment Support Allowance (ESA) (or Universal Credit as a replacement to ESA) in my own name (student). |  |

|  |  |
| --- | --- |
| **Level Two – Identified students eligible for a weekly discretionary bursary** |  |
| My total household income (including benefits) is less than £17,000.00 |  |

|  |  |
| --- | --- |
| **Level Three – Subject to grant funding, other students eligible for a weekly discretionary bursary** |  |
| My total household income (including benefits) is between £17,000.01 and £25,000.00 |  |

**Level One Vulnerable Bursary**

**Student evidence -** Please attach original supporting documentation to your application e.g. written confirmation of your current or previous looked-after status from the local authority which looks after you or provides your leaving care services.

**NB**

In some cases, you might meet the eligibility criteria for a bursary for vulnerable groups but your financial needs are already met, you have no relevant costs or do not need the maximum award. In these circumstances, St. Bede’s Sixth Form College can refuse your application.

**Level Two and Level Three Discretionary Bursaries**

**Household income** – Please attach the required original supporting documentation to your application. All evidence will be photocopied and dealt with in the strictest confidence. (Students should bring evidence directly to Mrs Snowdon in the Sixth Form Office who will photocopy and return ASAP).

**SECTION C: Parent or carer details**

**Parents or carers within the household**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Carer 1** | **Parent/Carer 2** |
| Surname |  |  |
| First name(s) |  |  |
| Relationship to learner |  |  |
| Telephone number |  |  |
| National Insurance number |  |  |

**Household income**

Please state what your current annual household income, including benefits, is

**£**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Parent/Carer****1** |  | **Parent/Carer****2** |  | **Evidence to be attached to the completed application form** |  |
|  | **Yes** | **No** | **Yes** | **No** |  |  |
| Are you employed? |  |  |  |  |  |  |
| If yes, please state your current annual income before tax and national insurance | **£** |  | **£** |  | If yes please provide your P60 for tax year 2019-2020 |  |
| Are you self-employed? |  |  |  |  |  |  |
| If yes, please state your current annual income before tax and national insurance | **£** |  | **£** |  | If yes please provide SA302 form or certified accounts |  |
| Receipt of benefits | **Yes** | **No** | **Yes** | **No** |  | **Amount** **£** |
| Child Benefit |  |  |  |  | Most recent award letter |  |
| Working Tax Credit |  |  |  |  | Award Notice marked 2019-2020 (full award notice) |  |
| Child Tax Credit |  |  |  |  | Award Notice marked 2019-2020 (full award notice) |  |
| Housing Benefit |  |  |  |  | Most recent award letter |  |
| Council Tax Benefit/Credit |  |  |  |  | Most recent award letter |  |
| Universal Credit (Income Support |  |  |  |  | Most recent award letter |  |
| Employment Support Allowance |  |  |  |  | Most recent award letter |  |
| Carer’s Allowance |  |  |  |  | Most recent award letter |  |

If you have difficulty producing the evidence required for your application, please telephone us on 01207 520424 or email rsnowdon@stbedes.durham.sch.uk and we may be able to help.

Please state in the table below what costs you need the bursary to provide assistance with e.g. books/ equipment, transport, education visits etc.

|  |  |
| --- | --- |
| **Details** | **Estimated cost**  |
|  |  |

**SECTION D: Declaration**

**Your application will not be assessed unless you sign and date this declaration.**

 I declare that all information given on this form is correct to the best of my knowledge.

 I undertake to supply any additional information that may be required to verify the information given. I understand that if I refuse to provide information relevant to my claim the application will not be accepted.

 I undertake to inform the Sixth Form Student Support (Mrs Snowdon) of any changes in the information given relating to my circumstances.

 I agree to abide by the terms of the Student Learner Agreement (provided once bursary has been agreed).

 I agree to repay in full and immediately any money paid to me if the information I have given is shown to be false or deliberately misleading.

 I am aware that any funding covers only the school year 2019/20.

**Signed (student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed (parent/carer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The school is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within the school for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes. If you knowingly provide misleading or false information you may be liable to prosecution.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sixth Form Use Only** |  |  |  |  |
| Date Application Received |  | Evidence provided, photocopied and returned |  |  |
| Date Application Reviewed |  | Level of Bursary agreed |  |  |
| Notes: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|   |  |  |  |  |
| Signed: Total £Print name: Date: |  |  |  |  |
| Actions needed: |  |  |  |  |