## For Office Use Only:

Date app. received:	Enrolled?	
Evidence seen by:		
Checked by:		

# Application for Financial Support (16-19 Bursary) for Students aged 16-19 Please return, with the supporting evidence, by 20<sup>th</sup> September 2019

Please use this form to apply for the 16-19 Bursary scheme only if you are aged 16-18 on the 1<sup>st</sup> September 2019 (if aged 19 you must have started your course in September 2018), are a 'home' student and are fully enrolled on a funded course. To qualify for a bursary you must be in a household which is in receipt of an income-assessed benefit or have an annual income of £30,000 or less, and be fully enrolled on a full time course lasting longer than 30 weeks. Being eligible for a discretionary bursary does not guarantee that you will receive one, as funds are limited. After the initial deadline for considerations, assistance is provided on a first come first served basis.

If there is any information on this form which you are not sure about, or if you would like some help completing the form, please contact Miss Harrison, School Business Manager.

Costion 1. Vous nove	nol dotoile			
Section 1: Your perso	nai detaiis	Student ID		
ruii name		(if known)		
Address		Date of birth		
Address		Date of birth		
		A / 24st		
		Age (on the 31st August 2019)		
		August 2019)		
Post code				
Daytime contact no.		Nationality		
Email				
Where have you lived for	the last three years?			
where have you have for	ine last timee years.			
If you are not an EU citizer	ı (inc. UK citizen), please advise			
of your UK immigration st				
	☐ Parents/s or guardian ☐	☐ Partner ☐ Inc	dependently	Other (give details)
Who do you live with?				
Name/s of your parent/s of	or guardian/s for income			
assessment purposes.				
If you do not live with you	r narent/s or guardian/s			
	er's details or alternatively			
leave this section blank.				
Section 2: Your course	e details			
Course title (main				
programme only):				
, ,				
Course code:		Sta	art date:	
End date:	Form gr	oup/tutor:		
End date:				
End date:  Is this your?	Form gr  First year □ Second year □ Third		your course	Full time? □ Part time? □

Thank you for completing the sections about you and your course. The next section is about your household income.

Section 3: Your household income				
Income-assessed Benefits:  If you or your household (the person/s named in section 1) are in receipt of the following income-assessed benefits, please tick which benefit they receive:				
☐ Income s	☐ Income support / Universal Credit ☐ Guaranteed Pension Credit			
-	mation about t			onths to support your onot include information about
Other household inco	me:			
Please only comple of the benefits liste		if you or your parer	nt/s and/or guardia	n/s are <u>not</u> in receipt of any
Income Type	For you (£) per month	For person A named in section 1 (£) per month	For person B named in section 1 (£) per month	Evidence you will need to supply
Monthly pay (Gross)				For each named person, please provide:  ☐ P60 for the 2018/19 tax year or ☐ Last three months wage slips or ☐ 2019/20 Child/Working Tax Credit Award Notice
Other Income (please give details)				Evidence will be requested as required
Total				Total Household income.
Annual income				
Section 4: Financial support requested				
The Young Peoples' Learning Agency requires schools, colleges and training providers to monitor the use of the bursary fund. Please tick against the categories you believe you will require assistance with:				
<ul> <li>□ Transport Costs – University interviews / open days</li> <li>□ Meals</li> <li>□ Books and equipment (including Personal Protective Equipment)</li> </ul>				
Other course related activities (trips, etc.)				
Higher Level Bursary				
Please advise us if you fall into one of the following categories:				
<ul> <li>A looked after young person;</li> <li>A care leaver;</li> <li>A young person in receipt of Income Support or Universal Credit;</li> </ul>				
A disabled young person in receipt of Employment Support Allowance <b>and</b> Disability Living Allowance;				
If you have ticked one of these boxes please provide evidence to support the category you have ticked, either in the form of a letter from your support worker or proof of your benefits.				

# Section 5: Declaration - to be read by both parents/carers and the student

#### Please read this information carefully and sign if you understand and accept the following conditions:

Your application may be approved prior to the start of your course, subject to available funding, but assistance will only be made once your enrolment is complete and you have started your course. The funding can be withdrawn if any information on this form is found to be incorrect, or if any conditions associated with you being at school are not fully met.

Any assistance offered is subject to the availability of funds and completing an application does not guarantee any support will be available. Where assistance is offered this is for the 2019/20 academic year only and there is no guarantee that funding will be available for subsequent years. You will receive information about the outcome of your application within four weeks of receipt.

**Data Protection:** The information on this form is required by the school/local authority, to assess your eligibility for financial support and it must be kept for 7 years for Audit purposes. Information may be shared with other agencies that require it for the sole purpose of accessing or recording support (such as the EFA).

## By signing, you give consent for the recording, processing and possible sharing of this information.

I have read and understand the conditions and I confirm that the information I have provided is true and complete.

Signed: Parent / Guardian	Date:	
Print name:		

# Section 7: Agreed Conditions - to be signed by the student

#### Please read this information carefully and sign if you understand and accept the following conditions:

The following have been agreed between you (the student) and the school in order to support your progress towards achieving the qualifications which you have registered on. Failure to comply with these conditions may result assistance being withdrawn.

- 1. Full attendance to all lessons, in accordance with the Contract (Appendix A).
- 2. Satisfactory completion of all work set.
- 3. Acceptable behaviour and conduct in school.

**Data Protection:** The information on this form is required by the school/local authority, to assess your eligibility for financial support and it must be kept for 7 years for Audit purposes. Information may be shared with other agencies that require it for the sole purpose of accessing or recording support (such as the EFA).

By signing, you give consent for the recording, processing and possible sharing of this information.

I have read and understand the conditions.

Signed: Student	Date:	
Print name:		

Once complete please hand this document in at the finance office with copies of the necessary supporting evidence.