**16-19 Bursary Fund Application Form**

**Personal Details**

|  |  |
| --- | --- |
| Surname: | Forename: |
| Date of birth: | Age on 1 September 2024: |
| Home Address: |
| Postcode: | UK residency (Yes/No/Unsure):  |
| Home telephone: | Mobile: |
| Email address: |

**Discretionary Bursary**

|  |  |
| --- | --- |
| What is your family annual household income? (exclude anything you earn as a student) | £ |
| Do/did you receive free school meals? | Yes | No |
| Are you a Young Carer? | Yes | No |
| How do you travel to College and what is the weekly cost?  |  £ |
| Do you require Sixth Form Lunches? | Yes | No |
| Do you have any course/equipment costs? | Yes | No |
| Are there any temporary situations of hardship you would like us to be aware of?For example:Unemployment/illness/bereavement/caring for member of the family (this list is not exhaustive) | Yes  | No |
| **Please give details:** |
| **Please add any other additional relevant information:** |

**Vulnerable Bursary-** For students living independently.

|  |  |
| --- | --- |
| What is **your** annual household income?  | £ |
| **Please enclose evidence of household income such as:****Full Tax Credit Award Notice, Universal Credit, any DWP benefits, Pension Credits, Self Employed Income Notification or P60** |
| Are you, or have you recently been, in local authority care? | Yes | No |
| Do you receive any DWP benefits in your own name? | Yes | No |
| Are you disabled and receiving Universal Credit, Personal Independence Payment (PIP), Disability Living Allowance (DLA) or Employment & Support Allowance (ESA)? | Yes | No |

**If you answered YES to any of these questions, please include evidence or further details with your application form.**

**Declaration:**

Our signatures, below, confirm that any evidence given in support of this application is correct and complete to the best of our knowledge and belief. If there is a change of circumstances, we will notify the College immediately.

I have fully read the College’s 16-19 Bursary Fund Policy and Guidance Statement and agree to the conditions described therein.

**Student signature: …………………………….…….. Date: …………………**

**Parent/Carer/Guardian**

**signature: ……………………………………………... Date: …………….…...**