

16-19 Bursary Fund Application 2020/21

In order to receive the **full bursary award** (September-July) all applications need to be assessed, stamped and signed by a member of the attendance team on or before

Friday 16th October.

Please note the application form can be assessed with or without the required evidence. Applications can still be made after this date but will be added on from the following payment onwards.

OFFICE USE ONLY	
Staff	
Date:	

PLEASE READ THE FINANCIAL ASSISTANCE INFORMATION SHEET BEFORE COMPLETING THIS APPLICATION.

PART A – STUDENT INFORMATION & PART B – TO BE COMPLETED BY PARENT(S)/CARER(S)

PART A – Student Personal Information

Did you receive the 16-19 Bursary Fund last year?	YES		NO	
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ID Number					Personal Tutor					
Surname/ Family Name (write this in capitals)										
Forename					Middle Name/s					
Date of Birth			/			/			Age @31.8.19	
Home Address										
						Post Code				
Do you live in a London borough and get free travel?								YES	NO	
How do you travel to College?	Walk		Bus		Underground		Rail		Car	Other (specify)
Telephone No:					Mobile No:					

Please indicate who you live with:		Parent(s)		Relative(s)		On your own		
Other (specify)								
If living on your own or have selected other please indicate below how you support yourself financially								
Do You have any siblings					Yes		No	
If yes, how many?								

Questions about you:

Did you have free school meals at secondary school?	YES		No	
Do you have your own computer/ laptop?	YES		No	
Have you got a quiet place at home to study?	YES		No	
Do you have a part-time job?	YES		No	
If yes, where do you work?				
How many hours do you work per week?				

Are you or have you ever been in Local Authority care, a Care Leaver or living/lived with a foster family?	YES		NO	
Are you (student) in receipt of Disability Living Allowance (DLA), Employment Support Allowance (ESA) or Personal Independent Payment (PIP)?	YES		NO	
Do you have an EHCP (Educational Health Care Plan)?	YES		NO	
Are you (student) a parent who has responsibility for a child?	YES		NO	
Are you (student) a young carer? <i>Do you have extra responsibilities at home looking after a parent/carer or sibling?</i> <i>Do you have to carry out extra duties weekly like shopping, cooking and picking up and dropping off younger sibling(s) to school.</i>	YES		NO	

ADDITIONAL INFORMATION

Is there anything else we should know about to help support your application for the 16-19 Bursary Fund?

PART A – Student Bank Information

Please fill this section in carefully and ensure the information you provide us is accurate. The details given here must relate to your own bank account and not a third party.

Name of Account Holder as shown on the bank card	
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Name of Bank / Building Society	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">Sort Code</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">Account Number</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> </tr> </table>	Sort Code	□	□	□	□	□	□	□	□	Account Number	□	□	□	□	□	□	□	□
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Account Number	□	□	□	□	□	□	□	□											

PART A – Student Declaration

- I declare that the information on this form is true and accurate.
- I have made this claim for the Bursary Fund, fully aware that any false statements can lead to withdrawal/refusal of financial support.
- I understand that if I refuse to provide information which may be relevant to my claim, the application will not be accepted.
- I understand that monies I receive under the Bursary Fund will be paid on condition of standards of **attendance** and **progress on my course**.
- I will attend regularly and complete the course for which my bursary is supporting me.
- I will notify the attendance team immediately with any changes to my Bank/Building Society details.
- I understand that monies I receive under the Bursary Fund have been awarded to provide me with financial support to allow me to continue in learning, and if I leave my course all financial support will stop.
- I understand that I do not have an automatic entitlement to Bursary payments, and all payments are based on the information I have provided.

If your application is unsuccessful there is an Appeals process. You will receive a letter with guidance on how to Appeal.

I confirm I have read the ‘Learner Declaration’ and I agree to all the above terms and conditions.

Signature of Student		Date	
Print Name			

PART B – Parent/ Carer Eligibility Check

Does the young person live with you at the same address?	Yes		No	
Are you the adult(s) responsible for the applicant?	Yes		No	

PART B – Parent/ Carer Income Details

DO YOU AS PARENT(S)/CARER(S) CLAIM ANY OF THE FOLLOWING BENEFITS AND/OR HAVE A HOUSEHOLD INCOME OF UNDER £20,000 PER YEAR? (PLEASE TICK AS APPROPRIATE)

Income Support		Employment and Support Allowance	
Disability Living Allowance		Working Tax Credit	
Child Tax Credit		Job Seekers Allowance (Income based)	
Self-Employed		Pension Credits	
Universal Credit		Other (please specify)	

PLEASE PROVIDE ALL PAGES OF YOUR MOST RECENT TAX CREDIT AWARD NOTICE SHOWING THE HOUSEHOLD INCOME FOR 2019-20.

PART B – Details of Parent(s) / Carer(s) & Declaration(s)

If the young person lives with you and you are the responsible adult/s for the applicant, please sign below.

Parent/Carer 1

Surname		First Name	
Date of Birth		National Insurance Number	
Mobile number			
I can confirm that the information given in this form is correct and complete to the best of my knowledge. I understand that the College has the right to share the information and evidence with the appropriate Government agencies if deemed appropriate.			
Signature		Date:	

Parent/Carer 2

Surname		First Name	
Date of Birth		National Insurance Number	
Mobile number			
I can confirm that the information given in this form is correct and complete to the best of my knowledge. I understand that the College has the right to share the information and evidence with the appropriate Government agencies if deemed appropriate.			
Signature		Date:	