

16-19 Bursary Fund Application 2018-19

You must complete the form and bring it together with the Tax Credit Award Notice to the Attendance Office by the deadline on **Friday 28th September 2018**

PLEASE READ THE INFORMATION SHEET BEFORE COMPLETING THIS FORM.

PART A – TO BE COMPLETED BY STUDENT
(Page 1,2 & 3)

PART B – TO BE COMPLETED BY PARENT(S) /
CARER(S) (Page 4)

OFFICE USE ONLY

Staff

Date:

PART A – Section 1 – Personal Information

| | | | |
|---|-----|----|--|
| Did you receive the 16-19 Bursary Fund last year? | Yes | No | |
|---|-----|----|--|

| | | | |
|-------------------|--|----------------|--|
| Student ID Number | | Personal Tutor | |
|-------------------|--|----------------|--|

| | | | |
|---------|--|----------|--|
| Surname | | Forename | |
|---------|--|----------|--|

| |
|--------------|
| Home Address |
|--------------|

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| |
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| | |
|-----------|--|
| Post Code | |
|-----------|--|

| | |
|------------------|--|
| Telephone Number | |
|------------------|--|

| | |
|---------------|--|
| Mobile Number | |
|---------------|--|

| | | | | | |
|---------------|--|---------------|--|-------------------------|--|
| Date of Birth | | Age @ 31.8.18 | | Nationality on Passport | |
|---------------|--|---------------|--|-------------------------|--|

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Passport Number | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

| | | | |
|---|-------|--|-------|
| Passport Verification (OFFICE USE ONLY) | Staff | | Date: |
|---|-------|--|-------|

| | | | | |
|---|-----|--|----|--|
| Have you the right of abode and been resident in the UK for the last 3 years? | Yes | | No | |
|---|-----|--|----|--|

| | | | | | | | | |
|--|---------|--|-----------------|--|---------------|--|-------------------------|--|
| If No , please indicate your current status | Refugee | | Leave to remain | | Asylum Seeker | | Humanitarian Protection | |
|--|---------|--|-----------------|--|---------------|--|-------------------------|--|

| | |
|---------------------------------------|--|
| What date did you enter the UK or EU? | |
|---------------------------------------|--|

| |
|------------------------------------|
| Please indicate who you live with: |
|------------------------------------|

| | |
|------------|--|
| Parent (s) | |
|------------|--|

| | |
|--------|--|
| On Own | |
|--------|--|

| | |
|--------------|--|
| Relative (s) | |
|--------------|--|

| | | |
|------------------------|--|--|
| Other (please specify) | | |
|------------------------|--|--|

| |
|--|
| If living on your own please indicate how you support yourself financially |
| |

| |
|--|
| <p>Are you in Local Authority care, a Care Leaver or living with foster family?</p> <p>IF YES, PLEASE EMAIL studentservices@woodhouse.ac.uk FOR MORE INFORMATION ABOUT HOW TO APPLY FOR THE 16-19 VULNERABLE BURSARY.</p> <p>A LETTER FROM THE LOCAL AUTHORITY CONFIRMING LOOKED AFTER STATUS MUST BE SUBMITTED</p> |
|--|

| | |
|-----|--|
| Yes | |
| No | |

| | | | | |
|---|-----|--|----|--|
| Are you (student) in receipt of Disability Living Allowance <u>or</u> Employment Support Allowance? | Yes | | No | |
|---|-----|--|----|--|

| |
|---|
| <p>Are you (student) a parent who has responsibility for a child?</p> <p>IF YES, PLEASE EMAIL studentservices@woodhouse.ac.uk FOR MORE INFORMATION ABOUT HOW TO APPLY FOR CARE TO LEARN.</p> |
|---|

| | |
|-----|--|
| Yes | |
| No | |

PART A – Section 2 – 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 | |
|--|--|

| | |
|---------------------------------|--|
| Name of Bank / Building Society | |
|---------------------------------|--|

| | | | | | | | | |
|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Account Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

| | | | | | | | | |
|-----------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|
| Sort Code | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> |
|-----------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|

PART A – Section 3 - Learner 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 any 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 courses**.
- I will attend regularly and complete the course for which my bursary is supporting me.
- I will notify my provider 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 learning 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 – Section 1 – Eligibility Check (Parent/Carer)

| | | | | |
|---|-----|--|----|--|
| Does the young person live with you at the address shown? | Yes | | No | |
|---|-----|--|----|--|

| | | | | |
|---|-----|--|----|--|
| Are you the adult(s) responsible for the applicant? | Yes | | No | |
|---|-----|--|----|--|

PART B – Section 2 – Income Details

DO YOU AS PARENT(S)/CARER(S) CLAIM ANY OF THE FOLLOWING BENEFITS AND/OR HAVE A HOUSEHOLD INCOME OF UNDER £16,190 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 YOUR ORIGINAL TAX CREDIT AWARD NOTICE SHOWING THE HOUSEHOLD INCOME FOR 2017-18.

PART B – Section 3 – Details of Parent(s) / Carer(s) & Parent/Carer Declaration

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 | | | |