

Application Form

Consideration of funds from the 16-19 Bursary Fund 2017-18

Applicants are reminded that this form is for consideration only and does not guarantee entitlement.

We have to establish the number of learners who have applied for financial support and then match with our funding. Inevitably some learners will not qualify or will not receive the level of funding we would like to provide because of financial constraints on the school. Funds will be allocated in line with the 16-19 Bursary Guidance.

Learners can be assured that their application will be treated with utmost confidence and we would encourage learners to maintain this confidentiality with other members of the school community. Funds will be made available in line with the 16-19 Bursary Fund Policy and attendance criteria.

| | |
|--|---------------------|
| Name of learner _____ | Date of Birth _____ |
| Does the learner receive income support or Universal Credit? | Yes/No |
| Is the learner in care or is the learner Looked After? | Yes/No |
| Does the learner receive Employment Support Allowance? | Yes/No |
| Does the learner receive Disability Living Allowance or Personal Independence Payment? | Yes/No |
| Is the learner entitled to Free School Meals? | Yes/No |

If you have answered yes to any of the above you will need to send/bring into school additional evidence as follows:-

Type of evidence that is needed

| Type of benefit | Evidence Required |
|--|--|
| Income Support (IS)/ Universal Credit | IS Benefit Book/letter dated within 3 months showing name, address and benefit received OR outdated letter plus bank statement within 3 months. |
| Young people who are looked after | Looked after care plan/PEP |
| Employment Support Allowance | (This is not normally paid to young people in Full time education unless the young person is in receipt of DLA). Letter dated within 12 months of application showing name, address, and benefit received plus bank statement within 3 months. |
| Disability Living Allowance or Personal Independence Payment | Letter dated within 12 months of application showing name, address, and benefit received plus bank statement within 3 months |

For Assistance due to sudden change in circumstances (Please give details):

Parental and/or career signature _____

Name _____ (please print)

Date _____