

**Welburn Hall School**

**16-19 Bursary Scheme**

**Application Form for the 2016 to 2017 academic year**

**Please complete the form and return it to school office with copies of the supporting evidence**

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| **Student Details** |
| Title: |  | First Name: |  | Surname: |  |
| DOB: |  | Age: |  |
| Address:  |  |
| Postcode: |  | Telephone: |  | Email: |  |
| Have you the right to abode and been resident in the UK for the last 3 years? | Yes □ | No □ |

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| **Bursary Criteria** |
| To qualify you must be aged 16, 17 or 18 on 31st August 2016 and meet the EFA's residency criteria. The bursary is paid to enable you to attend training/education with us. |

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| **Vulnerable Bursary Criteria** |
| To qualify you must fall into one of the below categories and produce the required evidence as stated. |
| Are you in reciept of Income Support or Universal Credit? (evidence required - Income Support or Universal Credit Statement Letter) | Yes □ No □ |
| Care Leaver or currently looked after in care or unaccompanied asylum seeker? (evidence required - letter from Local Authority) | Yes □ No □ |
| Disabled student in receipt of both Emplyment Support Allowance/Universal Credit equivalent and Disability Living Allowance/Personal Independence Payments (evidence required, financial statement showing both ES + DLA/PIP) | Yes □ No □ |

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| **Discretionary Bursary Criteria** |
| Your household income is one of the criteria which will help us to access your application. You may need the person responsible for the household bills to complete this section. If your Total household income exceeds £28,000 per annum you may not be eligible for a bursary payment. |
| Please tick to indicate what type of evidence you have provided for the household members and ensure it is dated within the last 3 months where applicable. If you cannot provide evidence then we cannot process your application for bursary payments. |
| **If you or your siblings are in receipt of Free School Meals you do not need to provide further financial information in the section below - please proceed to the Free School Meals Section** |
| P60 for tax year 2015/16 | □ | Or Wage slips for household (month 12 or week 52 – March 2016) | □ | Self-employed earnings (official tax return) | □ |
| Income Support/ Universal Credit (award letter) | □ | Working/Child Tax Credit – Full award notice for full year | □ | Child Benefit (award letter) | □ |
| Disability Living Allowance or Personal Independence Payments | □ | Housing Benefit | □ | Carer’s Allowance | □ |
| Grants or Bursaries | □ | Any other benefits – please specify ………………………........ | □ | Any other income/pension please specify ………………………. | □ |

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| Please list the names of the household members and relationship to Student: |
| Name: | Relationship to Student: |

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| **Free School Meals** |
| Are you or your sibling(s) in receipt of Free School Meals? Yes □ No □ |
| Name of Sibling(s) |

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| **Bank Details** |

Please be aware that we normally pay Discretionary Bursary awards ‘in kind’ e.g. by purchasing any equipment required or paying for trips.

Vulnerable Bursary payments will be paid directly into Students bank accounts.

Please provide your bank details below, as printed on your bank card or statement.

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| Account Holders Name: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bank Name and Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Account Number: □□□□□□□□ Sort Code: □□□□□□ |

**DECLARATION**

* I declare that the information on this form is true and accurate to the best of my knowledge
* I have read and understand the 16-19 Bursary Fund Policy Statement provided with this application.
* I have made this claim for Bursary payment, fully aware that any false statements can lead to withdrawal/refusal of any financial support and may lead me open to prosecution.
* 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 Scheme will be paid on condition of standards of attendance and behaviour, as explained in the “Criteria for Bursary Fund Payments” attached.
* I will attend regularly and complete the course for which the bursary has been provided.
* When changes to my household financial circumstances occur (which may result in changes to my claim), I confirm will notify the school immediately.
* I understand that monies I receive under the Bursary Scheme have been awarded to provide me with financial support to allow me to continue in education, and if I leave education 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.
* I am clear that the Bursary payments I receive are to provide me with means to remain in education and are used for items such as: books, equipment, meals, additional costs i.e. trips, miscellaneous course costs.
* Any equipment provided will remain the property will remain the property of the school and should be returned in good condition at the end of the course.
* I understand I have the right to appeal if I disagree with the outcome of my Bursary Application. This appeal should be made to Business Manager at the school.

**I am aware that the funding covers only this school year and that I must re-apply next year.**

**Applicant Signature: Date:**

**Signature of Person in Charge Date:**

**Of Household Income:**

**FOR OFFICE USE ONLY – Student Entitlement Form**

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| Student Name: | DOB: |
| Date Received: |  |

Financial Assistant Breakdown

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| --- | --- | --- | --- | --- | --- |
| APPLICANT | £ | Household Person 1 | £ | Household Person 2 | £ |
| P60 for Tax Year 2015/16 |  | P60 for Tax Year 2015/16 |  | P60 for Tax Year 2015/16 |  |
| Wage slips (month 12 or week 52 – March 16) |  | Wage slips (month 12 or week 52 – March 16) |  | Wage slips (month 12 or week 52 – March 16) |  |
| Self employed earnings (official tax return) |  | Self employed earnings (official tax return) |  | Self employed earnings (official tax return) |  |
| Income Support/Universal Credit (award letter) |  | Income Support/Universal Credit (award letter) |  | Income Support/Universal Credit (award letter) |  |
| Working/Child Tax Credit Full award notice |  | Working/Child Tax Credit Full award notice |  | Working/Child Tax Credit Full award notice |  |
| Child Benefit (award letter) |  | Child Benefit (award letter) |  | Child Benefit (award letter) |  |
| DLA or PIP |  | DLA or PIP |  | DLA or PIP |  |
| Housing Benefit |  | Housing Benefit |  | Housing Benefit |  |
| Carers Allowance |  | Carers Allowance |  | Carers Allowance |  |
| Grants or Bursaries |  | Grants or Bursaries |  | Grants or Bursaries |  |
| Any other benefits ………………………………………… |  | Any other benefits ………………………………………… |  | Any other benefits ………………………………………… |  |
| Any other income/pension ………………………………………. |  | Any other income/pension ………………………………………. |  | Any other income/pension ………………………………………. |  |
| TOTAL |  | TOTAL |  | TOTAL |  |

**Eligibility – please tick appropriate box (**$√$**)**

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| Vulnerable Bursary | □ | * Those young people who receive income support/universal credit
* Care Leavers or young people who are looked after children, or unaccompanied asylum seekers
* Disabled young people in receipt of both Employment Support Allowance/ Universal Credit equivalent and Disability Living Allowance/PIP
 |
| Discretionary Bursary | □ | * Young people facing financial barriers to participation in further education. Agreed standards of behaviour and attendance should be met
 |
| Free School Meals | □ | * Young people who qualify under the Guidance Rules and whose household is in receipt of one of the benefits criteria listed.
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Authorised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_