

**16-19 Busary Fund**

**Application Form 2015-2016**

Please return the completed form to Miss Clancy in the P16 Office with as much supporting evidence as possible.

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | |
| Name: | | | Mentor Group: |
| Date of Birth: | | Age as at 31 August 2015: | |
| Address: | | | |
| Tel: | Mobile: | | |
| Email: | | | |
| **FINANCIAL ASSISTANCE APPLIED FOR** | | | |
| I am applying for:  (Please tick required option and complete the appropriate section below)  High Priority Bursary (Band 1) - Refer to Section 1  Discretionary Bursary (Band 2) - Refer to Section 2  Discretionary Bursary (Band 3) - Refer to Section 2  Discretionary Bursary (Band 4) - Refer to Section 2  Educational Support Grant - Refer to Section 3 | | | |

**SECTION 1**

**APPLICATION FOR HIGH PRIORITY BURSARY (BAND 1) – Please tick as appropriate**

|  |
| --- |
|  |

I I am currently in Local Authority Care

I am currently living independently having left Local Authority Care

I am currently in receipt of Income Support

I am in receipt of  **both** Employment and Support Allowance  **and** Disability Living Allowance

* **Please provide written evidence of circumstances** **to support your application**

|  |  |
| --- | --- |
| **SECTION 2**  **APPLICATION FOR DISCRETIONARY BURSARY (Bands 2, 3 or 4) –**  **Please tick as appropriate** | |
| I was in receipt of Free School Meals during Year 11\* My family is in receipt of one or any of the following\*:  Income Support Pension Guarantee Credit  Child Tax Credit Employment and Support Allowance  Working Tax Credit Support under Part IV of the  Immigration and Asylum Act 1999  Job Seekers Allowance (JSA)  ***\*Please provide evidence of benefits ticked (eg full – not partial - copy of Tax Credit***  ***Award)*** | |
| Total Annual household income in the 2014/2015 tax year (including benefits) below £20,000?  Below £16,000 £16,000 to £20,000 £25,000 to £25,000  Please provide proof of income (ie Tax Credits Award, most recent P60) | |
| Please indicate number of Dependent Children in the family unit who are living in the same household: |  |

|  |  |
| --- | --- |
| **SECTION 3**  **APPLICATION FOR EDUCATIONAL SUPPORT GRANT** | |
| Please provide details of reason for application and evidence of income to support the claim  (Tax Credit awards, P60, etc) indicating amount required and purpose it will be used for: | |
| Please indicate number of Dependent Children in the family unit who are living in the same household: |  |

**ALL APPLICANTS:**

|  |  |
| --- | --- |
| **DETAILS OF FINANCIAL ASSISTANCE REQUESTED\*** | **ESTIMATED COST (£)** |
| Travel to and from Sixth Form |  |
| Appropriate clothing for training/curriculum placement  *(for students undertaking the CACHE course a uniform can be provided for wear at placements)* |  |
| Equipment (please specify) |  |
| Other (please specify) |  |

* *Please do not make purchases or bookings before assistance is provided.*
* *Receipts may be required.*

**DECLARATION**

I/We declare that the information given in support of this application is correct and complete to the best of my/our knowledge and belief.

I/We will inform Carr Hill High School and Sixth Form immediately of any change of circumstances, at any time, which may affect my entitlement to support (for example if I leave school or parents’ income changes.

I/We understand that this information will not be shared with third party organisations, except for audit purposes.

I/We understand that poor attendance (unauthorised absence), non-compliance with the Sixth

Form Agreement, receipt of a Formal Warning may result in the loss of financial support.

I/We understand that awards made are subject to the school being in receipt of sufficient funds from the Education Funding Agency.

Student Signature: ......................................................................

Parent/Guardian/

Responsible Adult Signature: ......................................................

Please Print Name: ........................................................ Date: .............................

|  |  |  |
| --- | --- | --- |
| **STUDENT’S BANK ACCOUNT**  **(Payments will be made directly to the student by BACS transfer)** | | |
| Name of Bank: | | Branch: |
| Account Title  (ie Name on Bank Card/Cheque Book): | | |
| Sort Code: | Account No: | |
| **Please remember to inform Mrs Bell in the Finance Office if bank account details change through the course of the school year.** | | |