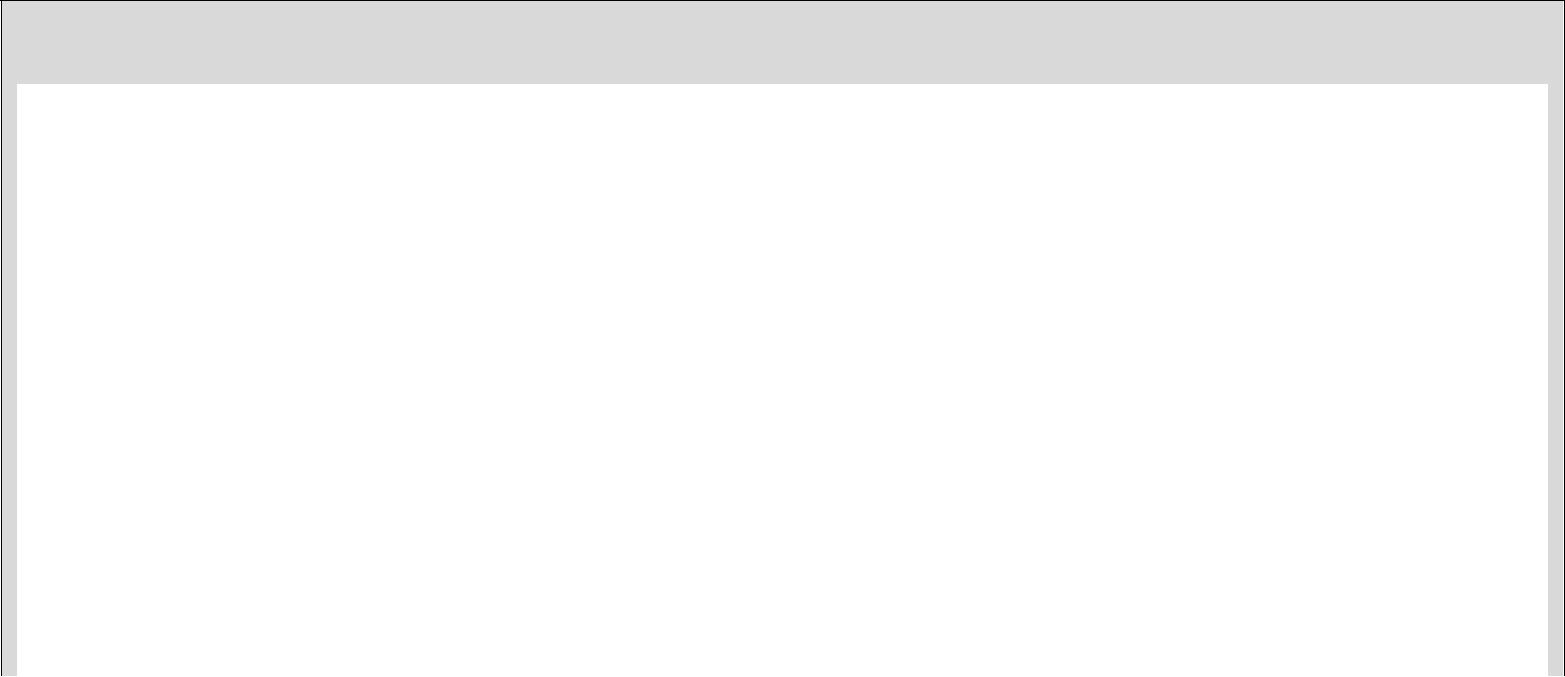
**Noel-Baker**

**16-19 BURSARY FUND APPLICATION FORM**

**2015-2016**

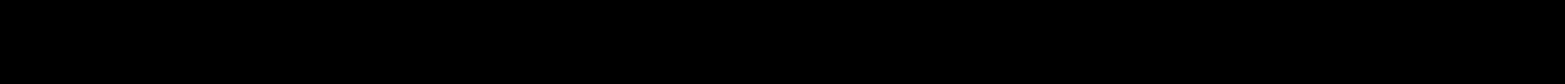


**Please note the following important information:**



* You should read the 16-19 Bursary Fund Guidelines to make sure you are eligible to apply.
* Please complete all sections of the form and make sure you provide us with copies of the evidence we need. Your application will not be assessed without the correct evidence.
* The closing date for applications is Monday 28th September 2015.
* The budget we have available is limited so we cannot guarantee that we will be able to provide you with the financial support you request.
* Payments of all bursaries are dependent on you maintaining attendance of 90% or above on all your courses and behaving appropriately in School .

When you have completed this form please return it, fully completed **with evidence**, to the Finance Office.



**SECTION 1: PERSONAL DETAILS**

**Full Name:**

|  |  |  |
| --- | --- | --- |
| **Date of Birth:** | **Gender:** Male☐ | Female ☐ |
|  |  | |
|  |  | |
| **Your current address:** | **Your term time address (if different to your** | |
|  | **current address):** |  |
|  |  |  |
| **Your parent(s) / guardian(s) name(s) and address(es):** | |  |
|  |  |  |
|  |  |  |
| **Your Telephone Number(s):** | **Your Email Address:** |  |
|  |  |  |

**SECTION 2: RESIDENCY**

**Please select which of the following applies to you:**

|  |  |  |  |
| --- | --- | --- | --- |
| British Citizen | ☐ | EU / EEA Citizen | ☐ |
| Asylum Seeker | ☐ | Refugee | ☐ |
| Indefinite Leave to Remain | ☐ | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Have you been resident in the UK or EU/EEA for the last 3 years?**

Yes ☐ No ☐

**SECTION 3: COURSE DETAILS**

**Which subjects will you be studying in 2015/16:**

**1.**

**2.**

**3.**

**4.**

**SECTION 4: Vulnerable Bursary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Are you (the student):** | |  |  | *Please only tick a box if you are answering “yes”* | |
| In Care | ☐ | A Care Leaver | ☐ | In receipt of Income Support | ☐ |

In receipt of Employment Support Allowance and Disability Living Allowance or Personal Independence Payment

☐

**If you have ticked any of the boxes above please go straight to section 8 of this application. If the above does not apply to you please continue to Section 5.**

**SECTION 5: DISCRETIONARY BURSARY (you only have to provide evidence for one of the target groups but please answer all questions)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Target Group 1** |  | **Did you receive free school meals in Year 11:** | Yes | ☐ | No | ☐ |  |
|  |  |  |
|  |  |  |  | | | | |  |
|  |  |  |  | | | | |  |
|  | **Target Group 2** |  | **Are you, or your parent(s)/carer(s), in receipt of one or more of the** | | | | |  |
|  |  |  | **following benefits:** | *Please tick all that apply* | | | |  |
|  |  |  | Income Support |  |  |  | ☐ |  |
|  |  |  | Income Based Job Seeker’s Allowance |  |  |  | ☐ |  |
|  |  |  | Income Related Employment and Support Allowance |  |  |  | ☐ |  |
|  |  |  | Support under Part VI of the Immigration and Asylum Act 1999 |  |  |  | ☐ |  |
|  |  |  | Child Tax Credit, unless you are entitled to Working Tax Credit, and you have an annual income as assessed by HMRC that does not exceed £16,105 |  |  |  | ☐ |  |
|  |  |  | Guaranteed Credit Element of State Pension Credit |  |  |  | ☐ |  |
|  |  |  |  | | | | |  |
|  |  |  |  | | | | |  |
|  | **Target Group 3** |  | **Are you, or your parent(s)/carer(s) not in receipt of one of the benefits** | | | | |  |
|  |  |  | **listed above but are employed or self-employed with a gross household** | | | | |  |
|  |  | | **income of less than £16,105?** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | Yes | ☐ | No | ☐ |  |
|  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
|  |  | |  |  | ☐ |  | ☐ |  |
|  | **Target Group 4** |  | **Are you a young parent?** | Yes | No |  |
|  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
|  |  | |  |  | ☐ |  | ☐ |  |
|  | **Target Group 5** |  | **Are you a young carer?** | Yes | No |  |
|  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
|  | **Target Group 6** |  | **Has your parent(s)/carer(s) been affected by** | Yes | ☐ | No | ☐ |  |
|  |  |  |
|  |  |  | **redundancy in the last 12 months?** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**SECTION 6: FUNDING REQUIREMENTS**

**I live more than 2 miles from School and would like help with my travel costs.**

Yes ☐ No ☐

**I am/will be studying course(s) which incur charges and would like help with this.**

Yes ☐ No ☐

**I would like to apply for support with food costs. I have included evidence of either FSM or my status as a young carer with this application form.**

Yes ☐ No ☐

**I am/will be studying a sports-related course and would like to apply for the cost of my sports kit.**

Yes ☐ No ☐

There may be other costs which occur throughout the year e.g., School trips, exams re-sits or travel to university visits. We appreciate that you may not know these costs at the time of completing this application so at present we will only consider support in relation to the questions asked above. If you have other School-related costs in the future then you will need to contact the Finance Office

**SECTION 7: ADDITIONAL INFORMATION**

**Please use this space here to give us any additional information you think may support your application:**

**SECTION 8: BANK DETAILS**

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

**Name of Account Holder**

**Address of Account**

**Holding Branch**

**Sort Code**

**Account Number**

**Type of Account**

**e.g., current or savings**

**SECTION 9: STUDENT & PARENT/GUARDIAN DECLARATION**

**This declaration must be signed by all students. If the income evidence provided belongs to parent(s)/guardian(s) then we must also have a parent/guardian signature**.

I/we certify that the information given is, to the best of my/our knowledge and belief correct.

I/we understand that payments may be delayed or stopped if I do not maintain the minimum requirement of at least 90% attendance on all my courses.

I/we undertake to inform the School immediately if I, the applicant, decide to leave my course.

I/we understand that if the applicant leaves their course of study before completion, the School will attempt to re-claim any monies allocated.

I/we understand that the information provided on this application may be shared with other departments in the School .

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Signature ………………………………………………. | Date: | / | / |
| Parent/Guardian’s Signature …………………………………….. | Date: | / | / |

**OFFICE USE ONLY** **Student Ref. Number**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Application Received** | | | | | | |  |  | **Application Logged** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A1** |  | **A2** |  | **IP** |  |  | **Tutor Group** |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Application Status**



|  |  |  |
| --- | --- | --- |
| **Complete** |  | **Incomplete** |
|  |  |  |

**If incomplete please give more information here e.g., information or evidence required / action(s) taken. Please also include staff initials for any actions taken:**

**Allocation of Funds**



|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TRAVEL:** | **Distance (miles)** | | | | | |  |  |  | **Termly Amount** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **FOOD:** | **Yes** | | |  |  |  | **No** |  |  | **Termly Amount** |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |
| **COURSE CHARGES:** | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  | 1. | Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_Payee\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  | | |  | 2. | Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_Payee\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
| **SPORTS KIT:** | |  |  |  |
|  |  |  |  | 3. | Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_Payee\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  |  |  |  | 4. | Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_Payee\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STAFF MEMBER 1:** |  |  |  | **STAFF MEMBER 2:** |  |
|  |  |  |  |  |  |
| **BANK DETAILS LOGGED:** | |  | **DATE DECISION LETTER SENT:** | |  |
|  |  |
|  |  |  |  |  |  |