

**16-19 Bursary Fund Application – 2016/17**

You can apply for this fund if you are under 19 years old on 31st August in the academic year in which you start your programme of sixth form study at Queen Elizabeth’s Grammar School.

**ALL INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE**

**SECTION 1 – Personal Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | Surname: | |  | | | Form: |  |
| Date of Birth: |  | Age at 31st Aug 2016: | | | Years Months | | | |
| Address:  *Inc postcode* |  | | | | | | | |
| Home Phone Number: |  | | Student Mobile Number: | | |  | | |

**SECTION 2 – Your Courses**

*Please list which courses you are enrolled onto at Queen Elizabeth’s Grammar School.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |  | 2 |  |
| 3 |  | 4 |  |
| 5 |  | 6 |  |

**SECTION 3 – Criteria for a 16-19 Bursary**

*Please tick if any of the following circumstances apply to you, the student.*

|  |  |
| --- | --- |
| I am a student in public care. |  |
| I am a student who has recently left public care. |  |
| I am a student who is in receipt of Income Support. |  |
| I am a disabled student in receipt of Employment Support Allowance AND in receipt of Disability Living Allowance. |  |
| I am a student entitled to Free School Meals |  |
| I am a student where my annual household income is below £16,190. |  |

**SECTION 4 – Your Household**

|  |  |  |
| --- | --- | --- |
|  | Parent/Guardian 1 | Parent/Guardian 2 |
| Surname: |  |  |
| First Name: |  |  |
| Relationship to applicant: |  |  |

**SECTION 5 – Proof of Income/Benefit Submitted**

**Whatever you have declared in Section 3 must be supported with evidence in order for an assessment to be made.**

The form below is to be filled in by the student if living independently, or by the parents/guardians who are mainly responsible for the student making the application for a bursary. This is a necessary requirement for the assessment of the student’s eligibility and the size of any discretionary bursary.

The table below shows the evidence you will need to provide in order to support this application form to enrolment. **Please tick the ones you are providing.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Income:** | | **£** | |
| **Type of Income** | **Evidence Required** | | **Copy Attached** |
| **Annual Salary** | Your most recent P60, Payslip or Working Tax Credit Award Notice | |  |
| **Income Support** | Entitlement / Award letter – dated within the last 3 months | |  |
| **Job Seekers Allowance** | Entitlement / Award letter – dated within the last 3 months | |  |
| **Employment Support**  **Allowance** | Entitlement / Award letter – dated within the last 3 months | |  |
| **Incapacity Allowance** | Entitlement / Award letter – dated within the last 3 months | |  |
| **Carer’s Allowance** | Entitlement / Award letter – dated within the last 3 months | |  |
| **Any other benefit** | Entitlement / Award letter – dated within the last 3 months | |  |
| **Working Tax Credit** | Your most recent Working Tax Credit Award Notice. Must be for full year and not partial awards (FULL AWARD NOTICE) | |  |
| **Child Tax Credit** | Your most recent Child Tax Credit Award Notice. Must be for full year and not partial awards (FULL AWARD NOTICE) | |  |
| **Grants or bursaries etc.** | Relevant paperwork detailing entitlement and amount paid | |  |
| **Disability Living**  **Allowance** | Entitlement / Award letter – dated within the last 3 months | |  |
| **Any Other income** | Relevant paperwork | |  |

**SECTION 6 – Declaration**

*Please read the declaration below carefully before signing:*

1. I/We declare that the statements made on this form are true and to the best of my/our knowledge and belief are correct in every respect. I/We undertake to supply any additional information that may be required to support this application. I/We understand that if I/we refuse to provide information relevant to this claim the application will not be accepted. I/We also undertake to tell the school of any change in circumstances in writing. I/We agree to repay the school in full and immediately any sums advanced if the information I/We have given is shown to be false or deliberately misleading.
2. I/We am/are aware that the funding covers only this school year and that I/We must re-apply next year; there is no guarantee that funding will be received for future years even if the student is eligible for the current year.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed:  *(Student)* |  | Date: |  |
| Signed: *(Parent/Guardian 1 named above:* |  | Date: |  |
| Signed: *(Parent/Guardian 2 named above)* |  | Date: |  |

***Please submit this form to Mr M Atkins – Head of Sixth Form.*** All payments are dependent upon the agreed terms regarding attendance, punctuality and compliance with all general school rules and the maintenance of a standard of academic work which is in line with the targets set by the school.

|  |  |
| --- | --- |
| ***For School use only:*** | |
| *Date Received:* | |
| *Bursary Approved: Yes or No* | *Guaranteed Award or Discretionary Award* |
| *Authorised By:* | *Date:* |
| *Amount of Award:* | *Date letter/bank details form issued:* |
| *Additional Notes:* | |