**16 – 19 Bursary Application Form**

**2022-2023 Academic Year**

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| Protection of public funds  We must protect the public funds we handle and we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations that handle public funds, and with this in mind, a sample of applications will be chosen at random for full investigation.  Data protection  The data you provide will be used to assess and facilitate your entitlement to financial support from the 16-19 Bursary Fund. Paulet High School, in fulfilling its data protection obligations, will treat all personal data, held manually and on a computerised database with due care, and will only disclose data in accordance with the Data Protection Act 1998. |

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| Section A: Personal Details of Student | |
| Surname |  |
| First name |  |
| Date of Birth |  |
| Home address |  |
| Mobile number |  |
| Personal email address |  |

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| Section B: Household Circumstances | |
| Please list the names of all members living at the above address and their relationship to student: | |
| Names: | Relationship to Student: |
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| How many are under 18 years of age and are still in full time education? |  |

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| Section C: Level of support Required | |
| I am applying for the following level of bursary (see Bursary letter) | |
| Category 1: ‘looked after’ students or students in receipt of the higher level Disability Living Allowance.  Category 2: Students in receipt of free school meals.  Category 3: Discretionary (Household income below £33,000 |  |

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| Section D: Identify Financial Support Required | | | | |
| Support | | Annual Cost | | Description (Book titles, University Visits, Clothes etc.) |
| Travel  Books  Stationary  Educational visits  Equipment  Other | £  £  £  £  £  £ | |  | |

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| Section E: Eligibility | | |
| Please tick all that apply and include copies with your application: | | |
|  | I am or my family are eligible for Free School Meals | Please confirm eligibility by applying online at https://www.staffordshire.gov.uk/Education/Education al-awards-benefits/FreeSchoolMeals/Overview.aspx |
|  | I am or my family are in receipt of Asylum Seeker Funding from the Home Office | Please provide proof from the Home Office |
|  | I am or my family are in receipt of Income Support/Universal Credit/Jobseekers Allowance | Please provide proof from HMRC/DWP |
|  | I am disabled and in receipt of Employment Support Allowance and Disability Living Allowance (PIP) | Please provide proof from HMRC/DWP |
|  | I am a looked after child | Please provide proof from your social worker confirming your status |
|  | I am a care leaver | Please provide proof from your social worker confirming your status |

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| Section F: Household Income | | | |
| Income | Parent/Guardian 1 | Parent/Guardian 2 | Evidence required |
| Gross annual Salary | £ | £ |  |
| Self employment/property income | £ | £ |  |
| All benefits (Including child benefit, Child & Working Tax Credit, JSA, Universal Credit, ESA, PIP) | £ | £ |  |
| Private, Occupation and State pensions | £ | £ |  |
| Total income | £ | £ |  |

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| Section G: Declaration by Parent or Guardian |
| It is important that you read the following statements carefully. We will not consider this application unless it is signed and dated by the family members whose income has been declared in Section F. |
| • The information I have given on this form is accurate.  • I will inform you immediately of any change in personal circumstances as they occur.  • I understand that if I provide false or incomplete information, I will have to repay any money given to the applicant to help with their study.  Parent/Guardian 1:  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent /Guardian 2:  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Section H: Declaration by Student |
| It is important that you read the following statements carefully. We will not consider this application unless it is signed and dated by you. |
| • The information I have given on this form is accurate.  • I will inform you immediately of any change in personal circumstances as they occur.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**16-19 Bursary Fund – Student Bank Details**

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| **Student Name:** | |
| Bursary payments will be paid by instalments into **student bank accounts only:** | |
| Account holder name: |  |
| Bank Name: |  |
| Sort Code: |  |
| Account number: |  |

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| **Student Signature & Date** | |
| Signature: |  |
| Date: |  |

**16-19 Bursary Application Checklist**

**Important note: if the bursary application form is not completed in full, it will be returned.**

**Please ensure you have provided all recent evidence of your household income. Figures stated must be on a per annum basis. Please complete the check boxes below and return with your application.**

1. Sections A – H completed

2. Evidence of Eligibility enclosed (Section E)

3. Evidence of Household Income enclosed (Section F)

4. Parental Declaration signed

5. Student Declaration signed

6. Student Bank details completed