

**Application Form for 16-19 Bursary**  
**(Any incomplete or illegible applications forms will not be considered)**

Name:

Tutor Group:

Date of Birth:

Please tick which of the following applies to you:-

**Priority Group 1: Guaranteed Award**

- |  |                          |
|--|--------------------------|
| Child in Care  | <input type="checkbox"/> |
| Care Leaver  | <input type="checkbox"/> |
| Young Person in receipt of income support  | <input type="checkbox"/> |
| Young person in receipt of Employment Support <b>and</b> Disability Living Allowance | <input type="checkbox"/> |

**Priority Group 2: Discretionary Award**

Receiving Free School Meals

Family in receipt of one of the following:

- |   |                          |
|---|--------------------------|
| • Income Support  | <input type="checkbox"/> |
| • Income-based Jobseekers' Allowance  | <input type="checkbox"/> |
| • Employment Support Allowance (Income Related)   | <input type="checkbox"/> |
| • Support under Part VI of the Immigration and Asylum Act 1999  | <input type="checkbox"/> |
| • The guaranteed element of Pension Credit  | <input type="checkbox"/> |
| • The <b>maximum</b> level of Working Tax Credit (WTC)  | <input type="checkbox"/> |
| • Child Tax Credit if it is the <b>only</b> benefit received and where annual income, as assessed by the Inland Revenue, does not exceed £16,190. | <input type="checkbox"/> |

**Priority Group 3**

Application is being made due to a situation of financial hardship that does not meet above criteria but can be proven.

- Already in receipt of bursary support for transport

Please provide copies of recent documents/letters which prove your care status, detail your total household income or indicate which benefits you or your family receives. Without this UPDATED information it will not be possible to process your application to the Bursary Fund each year.

Please insert subjects and levels being studied.

Expense	Details/Reasons	Amount Requested
Books and Equipment		£
Fees, Exam Resits		£
Transport Costs to and from School (other than on College transport) <i>Please do not detail if already funded by college.</i>		£
Emergency Accommodation and Meals		£
Essential Course Trips		£
Interviews and Open Days		£
Other Costs (Please specify)		£
<b>TOTAL AMOUNT REQUESTED</b>		£

<b>Student</b> Bank Account Details	
Account in name of:	
Bank name and address:	
Sort code:	
Account number:	

Your signature below confirms that the information you have provided is true and that you will notify the college if your circumstances change, you understand that the bursary will be provided on certain conditions set by the college and that money may be claimed back if information has been provided which you know to be false.

Signed Student:

Signed Parent/Carer:

Parent/Carer PRINT NAME:

Date:



For Office use only:-

Student Name:

**16-19 Bursary**

Date Received:

Signed:

Staff initials:

Panel Members:

Date Heard:

Application Approved: (Yes/No/Partial)

Amount awarded for transport (paid to DCC direct): \_\_\_\_\_

Amount (including transport if not DCC) to be given: \_\_\_\_\_

Total amount awarded: \_\_\_\_\_

Method of payment:

Signed:

PRINT NAME:

Position:

Justification of Award

Instalments: