**16 - 19 Bursary Fund Student Application for Support 2022-23**

Please refer to the guidance notes to assist your application

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | **Forename:** | |  | | | **Tutor Group:** | |  | |
| **Address:** |  | | | | | | | | | | |
| **Distance to Sixth Form (miles)**  **Google maps will be used to verify mileage.** |  | | | | | | | | | | |
|  | **Home:** | | | | | | **Mobile:** | | | | |
| **Telephone Number:** |  | | | | | |  | | | | |
|  | **Mother** () | | | **Father** () | | | | | **Other** () | | |
| **Whom do you live with?** |  | | |  | | | | |  | | |
| **How many dependents under the age of 18 live at home with you?** |  | | | | | | | | | | |
|  | **Yes** () | | | **No** () **Details** | | | | | | | |
| **Are you a lead carer for a parent or sibling with a diagnosed illness** |  | | |  | | | | |  | | |
| **Are you entitled to Free School Meals?** |  | | |  | | | | |  | | |
|  | **Looked After**  **Child** ()  Currently in care | **CARE Leaver** () | | **Live independently**  ()  Without parents/guardian | | | **On Income**  **Support/**  **Universal Credit** () | | **Parent (on CARE to Learn)** () | | **Parents in the**    **Armed Forces** () |
| **Do you fall into any of the following categories** |  |  | |  | | |  | |  | |  |
|  | **Bus/ Tram** () | | | **Car** () | | | | | **Walk/Bike** () | | |
| **How do you travel to the Academy** |  | | |  | | | | |  | | |
| **Which criteria group do you meet?** | Vulnerable Group: **Yes/No** | | | | | Discretionary Group: **Yes/No** | | | | | |
| **Does your course include placement?** | **Yes/No** | | | | | Subject: | | | | | |

|  |  |  |
| --- | --- | --- |
| **Evidence is required as proof of both salaried income and any benefits or tax/universal credits as appropriate. Please ensure you provide evidence of all entitlements e.g. copies of P60s/ accounts and or any benefit entitlement documents etc.**  **Please complete the table below to indicate the details of household income.** | | |
|  | **Yes/No** | **Evidence required Other** |
| **Salaried Income (P60)** |  | P60 for April 2022 or last 3 monthly wage slips if paid weekly we will need to see 3 months’ worth.  Self- employment: Latest Self-Assessment or Accounts for  2022. |
| **Income Support** |  | Award letter which is less than 3 months old on the date of application |
| **Incapacity Benefit/**  **Employment support allowance** |  | Award letter which is less than 3 months old on the date of application |
| **Job Seeker’s Allowance** |  | Award letter which is less than 3 months old on the date of application |
| **Working &/ Child Tax Credits** |  | All pages of the final/ amended tax credits awards notice for 2022/23 |
| **Universal Credit** |  | Latest 3 month statements |
| **CARE to Learn** |  |  |
| **Personal Independent Payment** |  | Award letter which is less than 3 months old on the date of application |
| **Carer’s Allowance** |  | Award letter which is less than 3 months old on the date of application |
| **Other** |  |  |

|  |  |  |  |
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| **Declaration – PLEASE READ CAREFULLY** | |  | |
| I declare that;     * I have been resident in the UK for at least 3 years and satisfy the residency criteria in the EFA funding guidance. * the information given on this form is correct and complete to the best of my knowledge * I understand that if I leave the course or finish the course I will no longer be eligible to receive any financial support through the Academy * I understand that if I give false or incomplete information I may be prosecuted * I have read and understand the eligibility, payment and assessment criteria as set out in the guidance notes. * I understand that if my circumstances change I must inform the college immediately if it will affect my eligibility for the bursary * By signing this declaration, you agree to all terms and conditions under the GDPR section. | |  |  |
| ***Signature of applicant (STUDENT)*** |  | ***Date*** |  |

# APPLICATION APPROVAL - office use only

|  |  |  |  |
| --- | --- | --- | --- |
| ***Details of documents enclosed and household income*** | |  | |
| ***Reviewed By:*** |  | ***Date*** |  |
| ***Application Approved:*** | *Yes/No* |  | |
| ***Approved By:*** |  | ***Date*** |  |
| ***Category:*** |  | ***Allocation:*** |  |
| ***Additional Notes/Comments*** | |  | |

**BACS PAYMENT DETAILS**

**FOR TRANSFER OF BURSARY PAYMENTS**

|  |  |  |
| --- | --- | --- |
|  | **Surname** |  |

**Forename**

|  |
| --- |
|  |

|  |
| --- |
|  |

**Address Reg**

**BANK ACCOUNT DETAILS** (This must be your own (the student’s) personal account)

|  |  |
| --- | --- |
| Bank/Building Society Name |  |

|  |  |
| --- | --- |
| Branch Name |  |

|  |  |
| --- | --- |
| Bank/Building Society Address |  |

|  |  |
| --- | --- |
| Bank Sort Code |  |

|  |  |
| --- | --- |
| Bank Account Number |  |

|  |  |
| --- | --- |
| Or Building Society Roll Number |  |

|  |  |
| --- | --- |
| Full Name on the account |  |

I confirm that all future payments made to me by Archway Learning Trust through the Bursary Fund should be sent direct to the above account. I will notify Bluecoat Sixth Form immediately if any of the above details should change. I shall not hold Archway Learning Trust liable for payments received late or not at all as a result of me providing incorrect information.

|  |  |  |
| --- | --- | --- |
|  | Date |  |

Signed

**For Finance Use Only:**

|  |  |  |
| --- | --- | --- |
| Input By: |  | Input Date: |