**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**  |   |   |

|  |  |
| --- | --- |
| **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:  |