

**APPLICATION TO 2017/18 16-19 BURSARY FUND**

*Prior to completing this form please ensure you have read the  
16-19 Bursary Fund Information Sheet*

**STUDENT DETAILS**

Last name: \_\_\_\_\_ First name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

I confirm that the details provided on this form are true and accurate.

Signed: ..... Date: \_\_\_\_\_

**PARENT DETAILS**

Title: Mr/Mrs/Miss/Ms: \_\_\_\_\_

Last name: \_\_\_\_\_ First name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ National Insurance number: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

I confirm that the details provided on this form are true and accurate.

Signed: ..... Date: \_\_\_\_\_

**Below are examples of relevant evidence of household income; these are required to be submitted with this form; copies will be taken where originals are supplied. If no evidence is supplied we will be unable to process your application. Please tick to confirm if you receive any of the following:**

	<i>(Please tick)</i>	Yes	No
Earnings from employment, self employment or other income.			
Income Support.			
Income-based Job Seeker's allowance.			
Income related employment and support allowance.			
Child tax credit and/or Working Tax Credit.			
Guarantee element of the State Pension Credit.			
Support under Part VI of the Immigration & Asylum Act 1999.			

**Please tick the relevant box to indicate under which category this application is being made:**

High Priority	Medium Priority	Low Priority
<input type="checkbox"/> Student is living in care <input type="checkbox"/> Student is leaving or has recently left care <input type="checkbox"/> Student is directly receiving Income Support* <input type="checkbox"/> Student is disabled and receiving both Employment Support Allowance and Disability Living Allowance*	<input type="checkbox"/> Gross annual household income is less than £20,000*  Please state: £ _____	<input type="checkbox"/> Gross annual household income is between £20,000-£25,000*  Please state: £ _____

**For internal use only:-**

In receipt of income support and Free School Meals: Y/N

Household income calculation:

Any other information to consider:

Level of assistance:

Review date: