



# BURSARY FUND APPLICATION FORM 2019/2020

## Student Details - to be filled in by the student

### A1 - Your Name

Surname: 

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First Name (s): 

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### A2 - Your Date of Birth / AGE

Age:

### A3 - Your Home Address

House / Flat Number: 

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Street / Road: 

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Town / City 

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County: 

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Postcode:

### A4 - Your Contact Details

Email Address: 


Home Phone: 

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Mobile Phone: 

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### A5 - Equal Opportunities Monitoring

Are you:  Male  Female  Prefer not to say

Do you have a disability:  Yes  No  Prefer not to say

How would you describe your ethnic origin: (please tick one)

- |  |  |
|--|--|
| <input type="checkbox"/> 31 English / Welsh / Scottish / N Irish / British | <input type="checkbox"/> 40 Pakistani                          |
| <input type="checkbox"/> 32 Irish  | <input type="checkbox"/> 41 Bangladeshi                        |
| <input type="checkbox"/> 33 Gypsy or Irish Traveller                       | <input type="checkbox"/> 42 Chinese                            |
| <input type="checkbox"/> 34 Any other white background                     | <input type="checkbox"/> 43 Any other Asian background         |
| <input type="checkbox"/> 35 White and Black Caribbean                      | <input type="checkbox"/> 44 African                            |
| <input type="checkbox"/> 36 White & Black African                          | <input type="checkbox"/> 45 Caribbean                          |
| <input type="checkbox"/> 37 White & Asian                                  | <input type="checkbox"/> 46 Any other Black/African background |
| <input type="checkbox"/> 38 Any other mixed/multi background               | <input type="checkbox"/> 47 Arab                               |
| <input type="checkbox"/> 39 Indian   | <input type="checkbox"/> 48 Any other ethnic group             |

**A6 - Your Bank or Building society details**

To receive payments you (student) **must** have an account in your name

Full Name of Account Holder:

Name of Bank / Building Society:

Branch:

Sort Code:

 -  - 

Account Number:

Roll Number:

(if applicable)

You must enclose a photocopy of an account statement or a letter from your bank or building society which shows your name, sort code, account number and home address

**A7 - Residency**

**This section must be completed**

Please tick one

A  I am a British Citizen and I have lived in the UK for at least 3 years prior to the start of my learning programme

B  I have settled status and have been a resident in the UK for at least 3 years prior to the start of my learning programme

C  I am an EU National / partner or a child on an EU National and have been a resident in the EEA or Switzerland for at least 3 years prior to the start of my learning programme

D  None of the above (Please give details)

**A8 - Do you live with adults who are mainly responsible for you?**

Yes  No

**A9 - Are you in local authority care / care leaver / living with foster parents?**

Yes  No

**A10 - Do you currently receive Income Support/Universal Credit Payment?**

Yes  No

If yes, please state which benefit the UC has replaced:

**A11 - Are you a young carer with caring responsibilities (parents or other relative) or a parent yourself who is mainly responsible for a child?**

Yes  No

**A12 - Do you have any severe disabilities?**

Yes  No

**A13 - Are you in receipt of Employment Support Allowance or Universal Credit and Disability Living/Personal Independence Payment?**

Yes  No

**Income Details - to be filled in by parent/guardian or independent student**

To be filled in by the adult(s) mainly responsible for the student or by the student if they are a parent themselves or living independently and in receipt of income support

**B1 - Tick one of these boxes:**

I am/we are the adult(s) mainly responsible for the student applying for the Bursary Fund

Go to question B2

I am the student applying for the Bursary Fund

Go to question B5

**B2 - Does the student named in the student details (A1) live with you at the address shown?**

Yes

No

If no, please give reason why

**B3 - Fill in the details if you are the adult(s) responsible for the student**

**Adult 1**

Surname:

First Name:

Relationship to student:

Are you employed?

Yes

No

**Adult 2**

Surname:

First Name:

Relationship to student:

Are you employed?

Yes

No

**B4 - Your Income details - please tell us your total household Income for 2018/19**

£

**B5 - Income type and Evidence being submitted, please tick the relevant box**

- Income Support
- Employment Support Allowance
- Universal Credit Payment
- Job Seekers Allowance
- Incapacity Benefit
- Carers Allowance
- Pension
- Tax Credits (Working Tax Credit)

**Most recent letter issued within the last 3 months, showing name, address and amount received**

**Full award notice letter for 2019/2020 showing total income for the year 2018-2019**

Written confirmation of the student's current or previous looked after status from the Local Authority

Other Benefit(s):

**B6 - Supporting Information / Extenuating circumstances to take into consideration:**

**What would the Bursary be used for?**

# FREE MEALS APPLICATION

## 2019/2020

Please tick this box If you were in receipt of Free Meals on or after 1 April 2018

### C1 - Are you or your parents in receipt of one or more of the following benefits?

Income Support

Employment Support Allowance  
(Income based)

Universal Credit Payment (self employment declaration form to be completed - available on the college website)

Income based Job Seekers Allowance

Support under part VI of the immigration and Asylum Act 1999

Child Tax Credit (provided you are **NOT** entitled to Working Tax Credit) and have an annual gross income of no more than £16,190 as assessed by HMRC

Working Tax Credit run-on paid for 4 weeks after you stop qualifying for Working Tax Credit

**Most recent letter issued within the last 3 months, showing name, address and amount received**

**Full award notice letter for 2019/2020 showing total income for the year 2018-2019**

Guarantee element of state pension credit

Student aged 19 and and have an Education Health and Care Plan or a 19+ continuer (subject to entitlement of one of the qualifying benefits above)  
(19+ continuer - continuing on the study programme which began aged 16 to 18)

**Please Note: You will NOT qualify for the Free Meals if you are entitled to only Working Tax Credit, Contribution based JSA/ESA unless you are additionally in receipt of one of the entitling benefits listed in student eligibility**

## D1 - Adult Declaration

I / We declare that all the information given on this application form is correct and complete to the best of my / our knowledge. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I agree to pay the College in full and immediately any monies awarded if the information given is false or deliberately misleading.

Signed

Parent / Guardian

Date

## D2 - Student Declaration

I declare that all the information given on this application form is correct and complete to the best of my knowledge. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I agree to pay the College in full and immediately any monies awarded if the information given is false or deliberately misleading. I am aware that the funding covers only this academic year and that I must re-apply next year.

Signed

Student

Date

## Parent / Student Checklist

Before submitting the form please check that the following have been done otherwise the application will be rejected:

- ✓ D1 & D2 must be signed
- ✓ Photocopy of students bank statement or letter from bank confirming the name, sort code, Account number and home address
- ✓ Photocopy of evidence to support the application

### Please Note:

P60 and Payslips and will not be accepted as evidence to support the Bursary Fund application

**For office use only:**

Date received

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Application Number

Assessed by

**Mrs I Lakhi**

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Assessed by

**Mrs C Willoughby**

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Fund allocated

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Eligible for Free Meal

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Student notified

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If no please give reason:

Appeal Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Appeal Outcome:

<input type="text"/>
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Signed

**Miss K Sharp**

Signed

**Miss K Hollern**