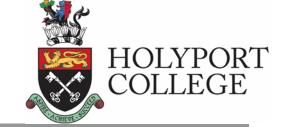
## **CONFIDENTIAL**

## 16-19 Bursary Fund



## **Discretionary Application Form**

## Section 1: Young Person Details

Surname		Forename													
Home addr	ress		Male Female (Please tick)												
			Date of Birth D D M M Y Y												
			Current Age												
		Home Tel	Home Telephone Number												
ı	Postcode														
		Mobile Telephone Number (if applicable)													
Email addr	ess:														
Do any of t	hese apply to you? (tick all those that apply)	I am a lo	I am a looked after young person												
I am living	independently	I have b	I have been a looked after young person												
I do not live	e with my parent(s)	I am livi	I am living in hostel accommodation												
l am a pare	ent	I conside	I consider myself disabled												
I or my sibl	ling(s) are in receipt of Free School Meals	I receive	I receive Income Support in my own name												
I am receiv	ing Disability Living Allowance or PIP	I am rec	I am receiving Employment Support Allowance												
I receive ar	nother Financial Benefit (please state below)	l am rec	I am receiving Universal Credit												
Section	2: Residency Status (tick all those apply)														
British Citiz	zen EU/EEA Citizen Asylum Seeker	Re	efugee/Indefinite Leave to Remain												
Humanitar	ian Protection Discretionary Leave to Rema	ain Na	ational Asylum Support System (NASS)												
Section 3: Programme of Study															
Year Group	Programme of Study (e.g. AS/A2)														
Subjects	1	2													
	3	4													
	5	6													

Section	n 4:	Parent/	Guai	rdiar	/Ca	rer(s	s) D	etail	S (to	be co	mple	ted b	y parei	nt/guar	dian/c	arer(	s)					
Adult 1	Mr	Mrs		Ms		Miss				Adu	lt 2	Mr		Mrs	N	/Is	1	Miss				
Full Name	e									Full	Nam	e										
Home address (if different from young person)  Home address (if different from young person)																						
									-													
Postcode										Postcode												
Home Telephone Number									Ш	Home Telephone Number												
			· 										le Ital		Т	Т	Т	Т	Т			
Mobile Telephone Number (if applicable)										Mobile Telephone Number (if applicable)												
	Τ		T												Т		Т					
Relationship to young person Relationship to young person																						
Section	n 5:	Income	Info	rmat	ion	(to be	com	plete	d by p	arent	/gua	rdian,	/carer(	s)								
Do you re	eceive	any of the	follow	ing?	Ad	ult 1	Adul	t 2	(6	evider	ice <u>m</u>	<u>iust</u> b	e provi	ided)			Ad	lult 1	Adul	t 2		
Income Support Income-related Employment Support Allowance																						
Income-b	Income-based Jobseekers Allowance Pension Credit																					
What wa	s your	total hous	ehold	incom	e for t	the la	st Tax	Year	?				:	£								
Section	n 6:	Bursary	beir	ng ap	plie	d fo	r															
Medium	Priority	(Gross Far	nily inco	me belo	w £20,	,000)	Г	Lov	w Pric	ority (	Gross	housel	hold inco	me betw	een £20	),000 a	ınd £30,	.000)				
Section 7: Young Person Bank Details (if the application is successful, payments will be paid into your bank account)																						
Bank/Bui	ilding S	ociety Na	me						N	lame (	of Ac	count	Holde	r								
Sort Code	e		$\top$		Τ	Nu	ımbe	r		Т	Т	Т			Π							
Section	n 8:	Parent/	Gua	rdiar	/Ca	rer(s	s)/Y	oung	g Pe	rson	De	clar	ation									
															and t	hat	I hav	e pro	vide	d		
I confirm that the information given on this application form is true and correct and that I have provided supporting evidence of the Income Support/total household income shown above.																						
Adult 1 Signature												Date	D	D	M	M	Υ	Υ				
Adult 2 Signature													Date	D	D	M	M	Υ	Υ			
Young Person Signature														Date	D	D	M	M	Υ	Υ		
Section 9: FOR SCHOOL OFFICE USE ONLY																						
Date App	licatio	n Checked	D	D	M	M	Υ	Υ	Chec	ked b	У											
Application	on Con	nplete?	Υ	Y N Evidence Submitted? Y N									ı	ntervie	Υ	N						