

16-19 Bursary Fund

Discretionary Application Form



Section 1: Young Person Details

Surname	<input type="text"/>	Forename	<input type="text"/>
Home address	Male <input type="checkbox"/> Female <input type="checkbox"/> (Please tick)		Date of Birth
			<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
			Current Age <input type="text"/>
Postcode	<input type="text"/>	Home Telephone Number	<input type="text"/>
Email address:	<input type="text"/>	Mobile Telephone Number (if applicable)	<input type="text"/>
Do any of these apply to you? (tick all those that apply)		I am a looked after young person	<input type="checkbox"/>
I am living independently	<input type="checkbox"/>	I have been a looked after young person	<input type="checkbox"/>
I do not live with my parent(s)	<input type="checkbox"/>	I am living in hostel accommodation	<input type="checkbox"/>
I am a parent	<input type="checkbox"/>	I consider myself disabled	<input type="checkbox"/>
I or my sibling(s) are in receipt of Free School Meals	<input type="checkbox"/>	I receive Income Support in my own name	<input type="checkbox"/>
I am receiving Disability Living Allowance or PIP	<input type="checkbox"/>	I am receiving Employment Support Allowance	<input type="checkbox"/>
I receive another Financial Benefit (please state below)	<input type="checkbox"/>	I am receiving Universal Credit	<input type="checkbox"/>
<input type="text"/>			

Section 2: Residency Status (tick all those apply)

British Citizen	<input type="checkbox"/>	EU/EEA Citizen	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>	Refugee/Indefinite Leave to Remain	<input type="checkbox"/>
Humanitarian Protection	<input type="checkbox"/>	Discretionary Leave to Remain	<input type="checkbox"/>	National Asylum Support System (NASS)	<input type="checkbox"/>		<input type="checkbox"/>

Section 3: Programme of Study

Year Group	<input type="text"/>	Programme of Study (e.g. AS/A2)	<input type="text"/>
Subjects	1	<input type="text"/>	2
	3	<input type="text"/>	4
	5	<input type="text"/>	6
		<input type="text"/>	

