

**For Office Use Only:**

|                     |  |           |  |
|---------------------|--|-----------|--|
| Date app. received: |  | Enrolled? |  |
| Evidence seen by:   |  |           |  |
| Checked by:         |  |           |  |

## Application for Financial Support (16-19 Bursary) for Students aged 16-19

### Please return with the supporting evidence ASAP

Please use this form to apply for the 16-19 Bursary scheme only if you are aged 16-18 on the 31<sup>st</sup> August 2024 (if aged 19 you must have started your course in September 2023), are a 'home' student and are fully enrolled on a funded course. To qualify for a bursary you must be in a household which is in receipt of an income-assessed benefit or an annual income of £30,000 or less or currently be in receipt of free school meals. You must also be fully enrolled on a full time course lasting longer than 30 weeks. **Being eligible for a discretionary bursary does not guarantee that you will receive one as funds are limited. After the initial deadline for considerations, assistance is provided on a first come, first served basis.**

If there is any information on this form which you are not sure about, or if you would like some help completing the form please contact Miss Caron Harrison, School Business Manager.

| Section 1: Your personal details  |  |   |  |
|---|--|---|--|
| Full name   |  | Student ID (if known)                     |  |
| Address   |  | Date of birth                             |  |
| Post code   |  | Age (on the 31 <sup>st</sup> August 2024) |  |
| Daytime contact no.   |  | Nationality                               |  |
| Email   |  |   |  |
| Where have you lived for the last three years?  |  |   |  |
| If you are not an EU citizen (inc. UK citizen), please advise of your UK immigration status:  |  |   |  |
| Who do you live with?   | <input type="checkbox"/> Parents/s or guardian <input type="checkbox"/> Partner <input type="checkbox"/> Independently <input type="checkbox"/> Other (give details) |   |  |
| Name/s of your parent/s or guardian/s for income assessment purposes.   |  |   |  |
| If you do not live with your parent/s or guardian/s, please provide your partner's details or alternatively leave this section blank. |  |   |  |

| Section 2: Your course details |  |                   |  |
|--------------------------------|--|-------------------|--|
| Course titles:                 |  |                   |  |
| Course duration:               |  | Start date:       |  |
| End date:                      |  | Form group/tutor: |  |
| Is this your?                  | First year <input type="checkbox"/> Second year <input type="checkbox"/> Third year <input type="checkbox"/> | Is your course    | Full time? <input type="checkbox"/><br>Part time? <input type="checkbox"/> |

Thank you for completing the sections about you and your course. The next section is about your household income.

### Section 3: Your household income

#### Income-assessed Benefits:

If you or your household (the person/s named in section 1) are in receipt of the following income-assessed benefits, please tick which benefit they receive:

- |  |   |
|--|---|
| <input type="checkbox"/> Job Seekers Allowance             | <input type="checkbox"/> Employment and Support Allowance (income related only) |
| <input type="checkbox"/> Income support / Universal Credit | <input type="checkbox"/> Guaranteed Pension Credit                              |
| <input type="checkbox"/> Housing Benefit                   | <input type="checkbox"/> Financial Assistance as an Asylum Seeker               |

**You will need to provide evidence of the benefit/s dated within the last three months** to support your application. Only information about the benefits in this list are required: please do not include information about any other benefits unless requested.

#### Other household income:

**Please only complete this section if you or your parent/s and/or guardian/s are not in receipt of any of the benefits listed above. Please provide the evidence for the information provided.**

| Income Type                         | For person A<br>named in<br>section 1 (£) per<br>month | For person B<br>named in<br>section 1 (£)<br>per month | Evidence you will need to supply   |
|-------------------------------------|--|--|--|
| Monthly pay<br>(Gross)              |  |  | For each named person, please provide:<br><input type="checkbox"/> P60 for the 2023/2024 tax year <i>or</i><br><input type="checkbox"/> Last three months wage slips <i>or</i><br><input type="checkbox"/> 2024/25 Child/Working Tax Credit Award Notice |
| Other Income (please give details): |  |  | Evidence will be requested as required.  |
| Total                               |  |  | <b>Total household income:</b>   |
| Annual income                       |  |  |  |

### Section 4: Financial support requested

The Young Peoples' Learning Agency requires schools, colleges and training providers to monitor the use of the bursary fund. Please tick against the categories you believe you will require assistance with:

- Transport Costs – University interviews / open days
- Meals
- Books and equipment (including Personal Protective Equipment)
- Other course related activities (trips, etc.)

#### Higher Level Bursary

Please advise us if you fall into one of the following categories:

- A looked after young person;
- A care leaver;
- A young person in receipt of Income Support or Universal Credit;
- A disabled young person in receipt of Employment Support Allowance **and** Disability Living Allowance;

If you have ticked one of these boxes please provide evidence to support the category you have ticked, either in the form of a letter from your support worker or proof of your benefits.

## Section 5 : Declaration - to be read by both parents/carers and the student

**Please read this information carefully and sign if you understand and accept the following conditions:**

Your application may be approved prior to the start of your course, subject to available funding, but assistance will only be made once your enrolment is complete and you have started your course. The funding can be withdrawn if any information on this form is found to be incorrect, or if any conditions associated with you being at school are not fully met.

Any assistance offered is subject to the availability of funds and completing an application does not guarantee any support will be available. **Where assistance is offered this is for the duration of your studies** BUT there is no guarantee that funding will be available for subsequent years. You will receive information about the outcome of your application within four weeks of receipt.

**Data Protection:** The information on this form is required by the school/local authority, to assess your eligibility for financial support and it must be kept for 7 years for Audit purposes. Information may be shared with other agencies that require it for the sole purpose of accessing or recording support (such as the EFA).

**By signing, you give consent for the recording, processing and possible sharing of this information.**

*I have read and understand the conditions and I confirm that the information I have provided is true and complete.*

|  |                    |              |  |
|--|--------------------|--------------|--|
| <b>Signed:<br/>Parent /<br/>Guardian</b> |                    | <b>Date:</b> |  |
|  | <b>Print name:</b> |              |  |

## Section 7: Agreed Conditions - to be signed by the student

**Please read this information carefully and sign if you understand and accept the following conditions:**

The following have been agreed between you (the student) and the school in order to support your progress towards achieving the qualifications which you have registered on. Failure to comply with these conditions may result assistance being withdrawn.

1. Full attendance to all lessons, in accordance with the Contract (Appendix A).
2. Satisfactory completion of all work set.
3. Acceptable behaviour and conduct in school.

**Data Protection:** The information on this form is required by the school/local authority, to assess your eligibility for financial support and it must be kept for 7 years for Audit purposes. Information may be shared with other agencies that require it for the sole purpose of accessing or recording support (such as the EFA).

**By signing, you give consent for the recording, processing and possible sharing of this information.**

*I have read and understand the conditions.*

|                            |                    |              |  |
|----------------------------|--------------------|--------------|--|
| <b>Signed:<br/>Student</b> |                    | <b>Date:</b> |  |
|                            | <b>Print name:</b> |              |  |

Once complete please hand this document in at the finance office with copies of the necessary supporting evidence.