16-19 Bursary Fund Application 2018-19

The 16-19 Bursary funds are paid by the Education Funding Agency (EFA) to schools and colleges so that they may provide financial help to students whose access to or completion of education might be inhibited by financial considerations. If you wish to apply for the fund please complete the form below and return it with any required evidence to the Finance Department by Friday 14th September 2018.

We cannot process your application unless suitable evidence is provided

Student Details		
Surname/Family Name:		
First Names:		
Date of Birth		
Address		
Post Code		
e-mail address		
Contact Tel No.		
	Level 1 – Guaranteed Bursary	
Only complete if you are in or year for a full time course.	ne of the following groups (please tick). You are entitled to £	.1200 per
Young person in care		
Care leaver		
	ome support (you receive this, not your parent/carer)	
	eipt of Employment Support Allowance who is also in	
receipt of Disability Living Allo	· · · · · · · · · · · · · · · · · · ·	
receipt of Disability Living Alic	wance	
Level 2 –	Students who are entitled to Free School Meals	
	ly claimed Free School Meals for the current academic	
	revious academic year (2017/2018)	
year (2018/2019) or for the pr	evious academic year (2017/2016)	
	Level 3-Shared residual allocation	
Students whose home Housel	nold income is less than £25,000 –including Universal	
Credit	iona income is less than 22s,650 metading chiterioa.	
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	Level 4-One off payments	
	criteria for a Level 1 – 3 Bursary Award and wish to access	
1	support for equipment, transport etc. Details must be	
1 · ·	ry Fund Manager to analyse their needs (please use a	
separate sheet if necessary).		

Student's Bank or Building Society Details

Name of Account Holder			
Name of Bank			
Branch			
Sort Code			
Account Number			
Roll Number			
confirm that the details are true and acc	2.		
Signature	Di	ate	
Student			
Surname/Family Name:			
Surname/Family Name			
First Names:			
Data of Digital			
Date of Birth			
Address			
Post Code			
National Insurance Number			
Home Phone			
Mobile Phone			
If not in receipt of Free School Meals, pl income, and attached evidence.	state annual househo	old	
confirm that the details on this applicati	e true and accurate.	•	
Signature of Parent/Carer]	Date	