**Application Form**

**Hanley Castle Sixth Form**

**16-19 Bursary Application Form**

Please complete all details in full, as your application cannot be considered without all the information requested. If you need further information or help completing the application please contact the Sixth Form Office at [ks5@hanleycastlehs.org.uk](mailto:ks5@hanleycastlehs.org.uk)

**Section 1: Student's Personal Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname / Family Name** |  |  | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **First Name(s)** |  |  | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date of Birth** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Section 2: Eligibility for a Guaranteed Bursary**

You may be able to receive a Bursary of up to £1,200 per year if you are in any of the categories described below. Please tick any that apply and submit the relevant evidence, which is listed:

|  |  |  |
| --- | --- | --- |
|  |  | I am a young person who is looked after in local authority care |
|  |  | ***Evidence –*** *confirmation letter from your local authority* |

|  |  |  |
| --- | --- | --- |
|  |  | I am a young care leaver |
|  |  | ***Evidence*** *– confirmation letter from your local authority* |

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|  |  | I receive income support |
|  |  | ***Evidence –*** *your most recent**letter from the Department for Work and Pensions (DWP) regarding receipt of this benefit* |

|  |  |  |
| --- | --- | --- |
|  |  | I receive Employment and Support Allowance **AND** Disability Living Allowance, because of a disability I have |
|  |
|  |  | ***Evidence –*** *confirmation**by the DWP of receipt of BOTH allowances* |

If you have ticked any of the categories above you do not need to fill in Section 3 of this form. Please continue to sections 4 (bank details) and 5 (declaration).

**Section 3: Eligibility for a Discretionary Bursary**

Your application will be assessed for eligibility for the Discretionary 16-19 Bursary in line with our policies, available funding and your financial need. Please complete the following section as fully as you can, and ask for help if you need it. Your need will be assessed on the information you provide and there is no guarantee that you will be eligible for the bursary or a guarantee of the level of funding you may receive.

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| --- | --- | --- | --- | --- | --- |
|  |  |  | **Yes** |  | **No** |
| **3.1** | **Did you receive Free School Meals in Year 11 / Year 12 ?** |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **Yes** |  | **No** |
| **3.2** | **Do you, or your parent/s or guardian/s that you live with, receive any means-tested state benefits?** |  |  |  |  |
|  | ***Please tick any that apply – NB*** *this list is not exhaustive* |  |  |  |  |
|  | * Income support |  |  |  |  |
|  | * Income-based Job Seeker's Allowance or Employment and Support Allowance |  |  |  |  |
|  | * Support under Part VI of the Immigration & Asylum Act 1999 |  |  |  |  |
|  | * The Guarantee element of State Pension Credit |  |  |  |  |
|  | * Child Tax Credit (not Child Benefit) |  |  |  |  |
|  | * Other (please specify) |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.3** | **If you answered 'yes' to question 3.2 above, please indicate who receives these benefits.** |  | **You** |  |  | **Parents** |  |

If you answered yes to question 3.2, you will need to be able to provide evidence of the means-tested benefit. Normally, this will need to be written confirmation/benefit entitlement letter from the relevant Agency, e.g. a letter from your local authority confirming your eligibility for Free School Meals / a letter from the Department for Work and Pensions confirming your eligibility for Income Support / a complete copy of a Tax Credit Award (i.e. all pages).

**Receipt of a means-tested benefit alone does not guarantee a discretionary bursary for your studies.**

|  |  |
| --- | --- |
| **3.4** | **If you answered 'no' to question 3.1 above, please provide further information explaining why you need financial support.** |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3.5** | **Please provide specific details below to explain what financial assistance is required.** | | **Tick if cost has been incurred (attach receipts)** |
| **Type of support required** | | **Details of estimated cost (£)** |  |
| **Books/Equipment** | |  |  |
| **Additional Course Costs e.g. trips** | |  |  |
| **Transport** | |  |  |
| **Meals** | |  |  |
| **Exam re-sit fees** | |  |  |
| **UCAS Application and Admission Test fees** | |  |  |
| **Other miscellaneous items – please specify.** | |  |  |

**Section 4: STUDENT’S Bank Account Details (NB - must be paid to the student)**

|  |  |  |
| --- | --- | --- |
| **Full Name of Account Holder** |  |  |

|  |  |  |
| --- | --- | --- |
| **Name of Bank / Building Society:** |  |  |

|  |  |  |
| --- | --- | --- |
| **Branch:** |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sort code:** |  |  |  | - |  |  | - |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Account Number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Section 5: Declaration by Student and Parent / carer**

* I confirm that I have read the 16-19 Bursary Fund Policy 2021/2022 and understand the conditions of payment as outlined in section 10.
* I confirm the information given on the form is complete and accurate at the time of application and that I will inform the provider immediately of any change in circumstances.
* I understand that any attempt to dishonestly obtain a bursary shall be treated as fraud that will be subject to disciplinary procedures.

If you have included evidence that your parent / carer is in receipt of a means-tested benefit, they must also sign the declaration.

|  |  |  |
| --- | --- | --- |
| **Student's signature** |  |  |
| **Print name** |  |  |
| **Date** |  |  |

|  |  |  |
| --- | --- | --- |
| **Parent / carer signature** |  |  |
| **Print name** |  |  |
| **Date** |  |  |

Before sending in your application form, please check to make sure that:

1. you have completed all the sections relevant to your circumstances **and**
2. you have enclosed **complete** (i.e. all pages) copies of the relevant evidence to support your claim.

If you have not, your application will be returned to you and there will be a delay in any potential Bursary payment made.

**Please return completed form with supporting evidence to the Sixth Form Office**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date application received** | **Date application reviewed** | | **Date application returned to learners (if applicable):**  **Reason: incomplete form/evidence not supplied** | | |
| **Date application resubmitted (if applicable):** | **Date resubmitted application reviewed (if applicable):** | | **Assessment** | | |
| **Tick** | | |
| **Guaranteed** | **Approved** |  |
| **Refused** |  |
| **Not Applied For** |  |
|  | | |
| **Discretionary** | **Approved** |  |
| **Refused** |  |
| **Not Applied For** |  |
| **Rationale for assessment:** | | | | | |
| **Total value of award and details of bursary awarded:** | | | | | |
| **Further information including arrangements, schedule and conditions for payments:** | | | | | |
| **Completed by:** | | **Date:** | | | |
| **Date student notified:** | | | |

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