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| **Part 1: Student Details** | | |
| Forename: |  | |
| Middle Name/s: |  | |
| Surname/Family Name: |  | |
| Date of Birth: |  | |
| Age on 31 August 2022: |  | |
| Home Address: |  | |
| Postcode: |  | |
| Telephone Home: |  | |
| Mobile: |  | |
| Email Address: |  | |
|  |  | |
| **Part 2: Parental Contact Details** | | |
| Title: |  | |
| Forename: |  | |
| Surname: |  | |
| Relationship: |  | |
| Address: |  | |
| Postcode: |  | |
| Telephone Home: |  | |
| Mobile: |  | |
| Email Address: |  | |
|  |  | |
| **Part 3: Household Details** | | |
| *Please state who you live with and their relationship to you* | | |
| Name | Relationship to you  e.g. mother, father, brother, sister, partner etc. | Age if under 16 |
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| **Part 4: Circumstances:** | | | | |
| |  |  | | --- | --- | | **GROUP 1 Eligbility Criteria (Vulnerable Bursary)** | | | Do you fall into any of the following priority groups? |  | | You are in care (Inc foster care) | YES/NO | | You are a care leaver | YES/NO | | You **(not your parents/guardians)** are in receipt of Income Support | YES/NO | | You **(not your parents/guardians)** are in receipt of Universal Credit | YES/NO | | You **(not your parents/guardians)** are in receipt of Personal Independence Payment or Disability Living Allowance | YES/NO | | If you have answered yes to any of the above, **you will need to provide evidence of how you meet these criteria – see part 7 below.** | |  |  |  | | --- | --- | | **GROUP 2 Eligibility Criteria (Discretionary Bursary)** | | | Do you fall into any of the following priority groups? |  | | You are in receipt of Free School Meals | YES/NO | | You have claimed Free School Meals in the last 6 years | YES/NO | | Your parent(s) are claiming other means tested benefits but are not entitled to Free School Meals | YES/NO | | Household income is less than £25,000 per year | YES/NO | | You are the sole carer for your own child or an adult | YES/NO | | None of the above, but you wish to apply for financial assistance | YES/NO | | If you have answered yes to any of the above, **you will need to provide evidence of how you meet these criteria – see part 7 below.** | |  |  | | --- | | Please note that the amount of financial assistance you will receive is dependent on your personal circumstances. Please use Section 5 below to tell us what areas you need financial support for. The information you provide will only be used for this assessment and will be processed in line with the requirements and protections set out in the UK GDPR. | | | | | |
| **Part 5 Support:** | | | | |
| Please indicate the help you require by ticking the appropriate boxes:   * Travel costs (Outside a radius of 2 miles) * Essential course costs (books, trips, equipment, uniform materials etc.) * Meal costs * Other (please specify)   Please tick all boxes that apply to this application. Documentary evidence will be required to support the above requests. | | | | |
| |  |  | | --- | --- | | **Part 6: Declaration of residency** | **Tick Box** | | I declare that I have been a resident of the UK for at least 3 years |  | | Signature of student: |  | | Confirmed by College: |  | | | | | |
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| **Part 7: Income Details (For Household)** | | | | |
| Please indicate which of the following benefits/income you/household are currently in receipt of. Please send evidence to support this income. | | | | |
| Type of Income | | | Yes/No | Evidence required |
| **A** | Income Support | |  | An award letter which is less than 3 months old on the date of application |
| **B** | Free School Meals | |  | Registered on the College Bromcom database. |
| **C** | Working Tax Credit / Child Tax Credit | |  | Full tax credit award notice |
| **D** | Income-based Employment and Support Allowance (ESA)/Universal Credit | |  | An award letter which is less than 3 months old on the date of application |
| **E** | Other Benefits/Pensions (specify) | |  | An award letter which is less than 3 months old on the date of application |
| **F** | Personal Independence Payment/Disability allowance/Carer’s allowance | |  | An award letter which is less than 3 months old on the date of application |
| **G** | Earned income with no additional benefits | |  | Include last 3 monthly wage slips or last 6 weekly wage slips or 4 fortnightly wage slips |
| **H** | Self-employed earnings with no additional benefits | |  | For self-employment: latest self-assessment or audited accounts |
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| **Part 8: Payment Details (BACS) Account must be in the sole name of the recipient** | | | | |
| Name of Bank: | |  | | |
| Account Holder’s Name: | |  | | |
| Account Number : | |  | | |
| Sort Code: | |  | | |

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| **Part 9: Statement/Behaviour standard** |  |
| **The continuance of Bursary payments will be subject to the following criteria:**  **Attendance must be at least 90%, with no unauthorised absence plus being in line with specified targets; eg no concerns on tracking data for effort or homework.** | |
| I accept the above terms.  Signature of Student: | |

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| **Part 10: Declaration** | |
| I/we certify that the information given above is correct to the best of my/our knowledge.  I/we understand that the College has the right to reclaim any funds and equipment costs, if I am/we are found to have provided incorrect information or do not complete my course.  If changes to my/our household financial circumstances occur, I/we will notify the 6th Form Administrator immediately, as these could result in changes to my claim.  I understand that any Bursary payments I receive are to support me to remain in learning (ie transport, essential equipment) and that I may be asked to provide supporting evidence for expenditure  I understand that I may be asked to return equipment purchase with Bursary funds on completion of/withdrawal from my course.  I understand that Bursary awards are contingent on there being sufficient funds available and are not guaranteed. | |
| Signature of parent: |  |
| Signature of student: |  |
| Date: |  |

**Remember:**

Your application will not be assessed unless you give your full details and include documentary evidence of household income. If you do not have the specified evidence please contact Melissa Rigley to discuss possible alternative evidence options. You can also attach a letter outlining any special circumstances that may apply in your case.

Please return this form to Melissa Rigley, 6th Form Administrator.

**For Applications received by Monday 10th October (backdated to 2nd September)**

Please note all meal allowance claims get paid directly to the college kitchen, who then top up your dinner accounts.

Any successful applications received after 10th October and throughout the year will become payable from the first week following the date of the claim and will be processed within 10 working days.

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| **Part 11: Authorisation by Head of Sixth Form** | |
| * Attendance * Achievement | |
| Comment: |  |
| Signature: |  |
| Date: |  |

If you need any additional information, help completing the application form or further support, please contact Faye Parker Dennis, Head of Sixth Form, in confidence.  
[Faye.parkerdennis@whptrust.org](mailto:Faye.parkerdennis@whptrust.org)