

RIPLEY ST THOMAS

A CHURCH OF ENGLAND ACADEMY



16-19 Bursary Fund Academic Year 2018-2019

- Please complete in BLOCK CAPITALS
- Please complete every section in as much detail as possible
- **Ensure you provide evidence if and when required (☒)**

This form should be completed and handed to Sixth Form Reception as soon as possible and no later than Wednesday 26 September 2018

Section A – Student's Personal Details

Your Name

Your Date of Birth

Age

Your Address

Your Home Telephone Number

Your e-mail Address

Section B – Your Bank or Building Society Details

To receive payments, you, the applicant, must have a bank account **in your own name** that will accept BACS payments. If you do not have a bank account, you need to open one to receive any bursary payments.

Name of Account Holder

Name of Bank

Branch

Account Number

Sort Code

Section C – Vulnerable Bursary Fund Award – Level 1 – (£1,200)

Are you a young person who is in or has recently left local authority Care? Yes No

Are you a young person living independently and claiming Income Support or Universal Credit? Yes No

Are you in receipt of the Disability Living Allowance (DLA) in your name and either Employment and Support Allowance (ESA) or Universal Credit? Yes No

Are you a young person who receives Personal Independence Payment (PIP) in your own name and either ESA or Universal Credit? Yes No

Section D - Discretionary Bursary Fund Award – Level 2 – (£900) *please tick*

Are you in receipt of Free School Meals? Yes No

Evidence attached of your eligibility Yes No

Section E - Discretionary Bursary Fund Award – Level 3 – (up to £500)

please tick

Is your household income below £22,000? Yes No

Please indicate below the evidence you will be submitting: [**P60, receipt of benefit entitlement, Tax Credit Award Notification, self employed income notification**]

Please state the number of dependent children in the household in full time education

Purpose of the Award I will be able to provide receipts if required

Transport Books/Meals/Equipment Support with other course related costs

Please specify further:

Section F – Declaration

I confirm that the information provided for this application is true and accurate. I agree to notify the Bursaries Panel of any change of circumstances and I understand that money may be claimed back if the information provided is false.

Signed: (Learner)

Signed: (Parent/Carer)

Date:

Date application received (official use only):

Date reviewed by Committee (official use only):

Outcome (official use only):

Level	<input type="text"/>	Approved / Not Approved / Returned for Evidence
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