

Christopher Whitehead Sixth Form Bursary Fund Application Form 2019/20



Full Name: _____ DOB _____/_____/_____

Address: _____

Postcode: _____ Contact Number: _____

Please tick your eligibility in either group A or B

A. Vulnerable Student Bursary Group (defined as)

- Young people in care.
- Care leavers.
- Young people personally in receipt of income support or universal credit.
- Disabled young people in receipt of employment support allowance who are also in receipt of disability living allowance or personal independence payments.

Please note: Original sources of evidence will be required by the school at the point of application. These will be returned to you.

B) Discretionary Bursary Group

- **Student Tier A** – Students who have successfully claimed free school meals for the current academic year, or whose household income is less than £16,105.
Evidence: Original local authority free school meals letter/school transition data.
- **Student Tier B** – Students whose home household income is between £16,105 - £20,817.
Evidence: Original tax credit award notice annual statement from HMRC.
- **Student Tier C** - students whose household income is less than £25,520.
Evidence: Original tax credit award notice annual statement from HMRC.
- **Student Tier D:** students who do not fall into any of the student tiers A, B or C but who, due to individual circumstances, may require further support.

A level Subjects:

To allow us to purchase core resources such as textbooks and revision guides for your subjects, please list your subjects below:

Subject 1: _____

Subject 2: _____

Subject 3: _____

Subject 4 (if taken): _____

STATIONERY PACK required? Yes / No* Please circle

LAPTOP FOR THE DURATION OF THE STUDENT'S TIME AT CWCL required? Yes/ No* please circle

Travel

Please tick if you live more than 3 miles from sixth form and use public transport. You may be entitled to travel costs. I wish to claim travel costs

Details of bus company / number: _____

Lunch entitlement:

Students previously entitled to free school meals may still be entitled to claim for these, please let us know if you are eligible:

I have previously received meals / my siblings are entitled to meals and I would like a daily lunch allowance of £2.30 (?)

Any Other Claims

Please specify any claims to cover costs that you already know you will incur, such as Duke of Edinburgh, Photography equipment, subscriptions to academic journals or magazines linked to courses or career aspirations.

Additional Spending:

Claims can be made to the bursary at any point during the year, by speaking to Ms Bytheway in the sixth form centre.

Getting paid:

To allow us to set you up on our BACS automated payment system (to be introduced during the course of the year), please complete the information below:

Applicant Name: _____

Name of Bank, Branch & Address: _____

Sort Code: _____ Account Number: _____

I declare that the statements made on this form are true, and to the best of my knowledge and belief, are correct in every respect. I undertake to supply any additional information that may be required to verify the particulars given. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I also undertake to inform the school of any alteration to any of the particulars in writing.

I agree to repay the school in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.

I am aware that should my attendance, general conduct and/or punctuality drop below that which is required and expected, my grant payments can be significantly reduced, or even fully withdrawn.

I am aware that the funding covers only this school year and that I must reapply next year; there is no guarantee that I will receive funding for future years even if I am eligible for the current year.

Students and their families should be aware that if false or incomplete information is submitted, or if they do not tell institutions about any part of their income that is relevant, the matter may be referred to the Department for Education or the police. The student could face prosecution and institutions will seek to recover any payments the student is not eligible for.

I have read and agree fully to the terms and conditions of this grant

I have attached original evidence as required

Student name (Block Capitals): _____

Student signature: _____ Date: _____

Parent/ Carer name (Block Capitals): _____

Parent/ Carer signature: _____