



Higham Lane School Sixth Form Bursary Application 2019/2020

PERSONAL DETAILS

Name:

Tutor Group:

Date of Birth:

Age as at 31 August 2019:

Address:

Home Tel:

Student Mobile:

Student Email:

I am applying for (please tick as appropriate):

Vulnerable Bursary (Band 1) – Please complete Section 1

Discretionary Bursary (Band 2) – Please complete Section 2

NB Please provide as much supporting documentation as possible. A decision can be reached more quickly when full information is made available. PLEASE RETURN THE COMPLETED APPLICATION TO MRS. SMITH IN THE 6TH FORM RECEPTION

SECTION 1

APPLICATION FOR VULNERABLE BURSARY (BAND 1) – Please tick as appropriate

I am currently in Local Authority Care

I am currently living independently having left Local Authority Care

I am currently in receipt of Income Support I am in receipt of both Employment and Support Allowance and Disability Living Allowance

Please provide written evidence of circumstances to support your application



Please enter relevant information below: -

SECTION 2
APPLICATION FOR DISCRETIONARY BURSARY

Please tick as appropriate

I was in receipt of Free School Meals during Year 11

My family is in receipt of one or any of the following: (Please provide evidence of benefits – eg full, not partial copy of Tax Credit Awards):

Income Support

Universal Credit

Job Seekers Allowance (JSA)

The Total Annual household income in the 2018/2019 tax year (including benefits) was below £17,000?

Please provide proof of income.

Please indicate number of Dependent Children in the family unit who are living in the same household:

DETAILS OF FINANCIAL ASSISTANCE REQUESTED

Please do not make purchases/bookings before assistance is approved. Where appropriate receipts may be required

ESTIMATED COST (£)

Travel to and from the School: -

Equipment/Clothing - Subject related (please specify)

Educational trips



DECLARATION

I/We declare that the information given in support of this application is correct and complete to the best of my/our knowledge and belief.

I/We will inform the School immediately of any change of circumstances, at any time, which may affect my entitlement to support (for example if I leave school or parents' income changes. I/We understand that this information will not be shared with third party organisations, except for audit purposes.

I/We understand that poor attendance (unauthorised absence), non-compliance with the Sixth Form Agreement, receipt of a Formal Warning may result in the loss of financial support.

I/We understand that awards made are subject to the school being in receipt of sufficient funds from the Education Funding Agency.

Student Signature: Date:.....

Parent/Guardian/ Responsible Adult Signature:.....

Please Print Name: Date:.....

STUDENT'S BANK ACCOUNT

(Payments will be made directly to the student by BACS transfer)

Name of Bank:

Branch:

Student Account Title (e.g. Mr J Smith):

Sort Code:

Account No:

Please remember to inform Mrs. Smith if bank account details change through the course of the school year.

OFFICE USE ONLY

Date Received

Evidence Provided

Decision