

## 16-19 BURSARY FUND APPLICATION FORM 2017

### Please note the following important information:

- Please complete all sections of the form and make sure you **provide us with copies of the evidence** we need (see guidance notes). Your application will **not** be assessed without the correct evidence. This includes: receipts for items already purchased, parent income, income support or child benefit.
- Complete the Resources Request list in full; books must have title, author and ISBN number included. Requests that are incomplete **will not** be processed.
- The closing date for the first round of applications is: **10<sup>th</sup> October 2016**
- The budget we have available is limited so we cannot guarantee that we will be able to provide you with the financial support you request.
- Payments of all bursaries are dependent on you. maintaining attendance of **97%** or above on all your courses and behaving appropriately in the academy.

When you have completed this form please return it, fully completed **with evidence**, to Lily Tilocca, Sixth Form Office, NOA

### SECTION 1: PERSONAL DETAILS

**Full Name:**

**Date of Birth:**

**Gender:** Male  Female

**Your current address:**

**Your term time address (if different to your current address):**

**Your parent(s) / guardian(s) name(s) and address(es):**

**Your Telephone Number(s):**

**Your School Email Address:**

## SECTION 2: RESIDENCY

Please select which of the following applies to you:

British Citizen	<input type="checkbox"/>	EU / EEA Citizen	<input type="checkbox"/>
Asylum Seeker	<input type="checkbox"/>	Refugee	<input type="checkbox"/>
Indefinite Leave to Remain	<input type="checkbox"/>	Other (please specify) _____	

Have you been resident in the UK or EU/EEA for the last 3 years?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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## SECTION 3: COURSE DETAILS

Which subjects will you be studying in 2015/16:

- 1.
- 2.
- 3.
- 4.

## SECTION 4: GUARANTEED BURSARY

Are you (the student):

*Please only tick a box if you are answering "yes"*

In Care	<input type="checkbox"/>	A Care Leaver	<input type="checkbox"/>	In receipt of Income Support	<input type="checkbox"/>
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In receipt of Employment Support Allowance and Disability Living Allowance or Personal Independence Payment

If you have ticked any of the boxes above please go straight to section 8 of this application. If the above does not apply to you please continue to Section 5.

**SECTION 5: DISCRETIONARY BURSARY (you only have to provide evidence for one of the target groups but please answer all questions)**

**Did you receive free school meals in Year 11:** Yes  No

<b>Target Group 1</b>	<p><b>I have parent(s)/carer(s), in receipt of one or more of the following benefits:</b> <span style="float: right;"><i>Please tick all that apply</i></span></p>
	Income Support <span style="float: right;"><input type="checkbox"/></span>
	Income Based Job Seekers Allowance <span style="float: right;"><input type="checkbox"/></span>
	Tax Credits (with gross annual income of less than £21,000) <span style="float: right;"><input type="checkbox"/></span>
	Employment and Support Allowance <span style="float: right;"><input type="checkbox"/></span>
	Guaranteed Element of State Pension Credit <span style="float: right;"><input type="checkbox"/></span>
	Housing Benefit or Council Tax Benefit <span style="float: right;"><input type="checkbox"/></span>

Universal Credit

<b>Target Group 2</b>	<p><b>I have parent(s)/carer(s) not in receipt of one of the benefits listed above but are employed or self-employed with a gross household income of less than £21,000?</b></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<b>Target Group 3</b>	<p><b>I don't fit into either of the above categories?</b></p> <p style="text-align: right;">Yes <input type="checkbox"/></p>
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## SECTION 6: FUNDING REQUIREMENTS

I would like help with my travel costs (to and from school).

Yes  No

I am/will be studying course(s) that require equipment would like help with this.

Yes  No

I would like to apply for support with food costs. I have included evidence of either FSM or my status as a young carer with this application form.

Yes  No

I am/will be studying a course that requires kit or clothing and would like to apply for help with the costs.

Yes  No

I would like help with the cost of travel to university open days / interviews or other related H.E events.

Yes  No

## SECTION 7: ADDITIONAL INFORMATION

Please use this space here to give us any additional information you think may support your application:

## SECTION 8: BANK DETAILS

Please fill this section in carefully and ensure the information you provide to us is accurate. The details given here must relate to your own bank account and **not a third party**.

Name of Account Holder

Bank & Address of Account Holding Branch

Sort Code

Account Number

Type of Account  
e.g., current or savings

## SECTION 9: STUDENT & PARENT/GUARDIAN DECLARATION

**This declaration must be signed by all students. If the income evidence provided belongs to parent(s)/guardian(s) then we must also have a parent/guardian signature.**

I/we certify that the information given is, to the best of my/our knowledge and belief correct.

I/we understand that payments may be delayed or stopped if I do not maintain the minimum requirement of at least 95% attendance on all my courses.

I/we undertake to inform NOA Sixth Form immediately if I, the applicant, decide to leave my course. I/we understand that if the applicant leaves their course of study before completion, NOA will attempt to re-claim any monies allocated.

I/we understand that the information provided on this application may be shared with other departments in the academy.

Student's Signature .....

Date: / /

Parent/Guardian's Signature .....

Date: / /

Recorded on SIMS

**OFFICE USE ONLY**

Student Ref. Number

Date Application Received

Application Logged

VSB

T1

T2

T3

Tutor Group

**Application Status**

Complete

Incomplete

If incomplete please give more information here e.g., information or evidence required / action(s) taken. Please also include staff initials for any actions taken:

**Allocation of Funds**

TRAVEL: Distance (miles)

Termly Amount

FOOD:

Yes

No

Termly Amount

COURSE CHARGES:

SPORTS KIT:

1. Subject \_\_\_\_\_ Amount \_\_\_\_\_ Payee \_\_\_\_\_

2. Subject \_\_\_\_\_ Amount \_\_\_\_\_ Payee \_\_\_\_\_

3. Subject \_\_\_\_\_ Amount \_\_\_\_\_ Payee \_\_\_\_\_

4. Subject \_\_\_\_\_ Amount \_\_\_\_\_ Payee \_\_\_\_\_

STAFF MEMBER 1:

STAFF MEMBER 2:

BANK DETAILS LOGGED:

DATE DECISION LETTER SENT: