

16-19 BURSARY FUND APPLICATION FORM 2023-24

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: parent income, income support or child benefit.
- The closing date for the first round of applications is: **Friday 29th September 2023**
- Payments of all bursaries are dependent on you maintaining attendance of **95%** or above on all your courses and behaving appropriately in the academy. This includes having **no 2nd missed** deadlines and arriving to class on time.
- Payments will be made into student accounts if successful and meeting requirements above.

When you have completed this form please return it, fully completed **with evidence**, to Lily Tilocca, Sixth Form Office, NOA. **We will return forms if they do not have suffice or correct evidence.**

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 2022/23:

- 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 <u>and</u> Disability Living Allowance or Personal Independence Payment	<input type="checkbox"/>
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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 ☐

<p>Target Group 1</p>	<p>I have parent(s)/carer(s), in receipt of one or more of the following benefits: <i>Please tick all that apply</i></p> <p>Income Support <input type="checkbox"/></p> <p>Income Based Job Seekers Allowance <input type="checkbox"/></p> <p>Working Tax Credits (with gross annual income of less than £21,000) <input type="checkbox"/></p> <p>Employment and Support Allowance <input type="checkbox"/></p> <p>Guaranteed Element of State Pension Credit <input type="checkbox"/></p> <p>Housing Benefit or Council Tax Benefit <input type="checkbox"/></p> <p>Universal Credit <input type="checkbox"/></p>
<p>Target Group 2</p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Target Group 3</p>	<p>I don't fit into either of the above categories?</p> <p>Yes <input type="checkbox"/></p>

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: