

16-19 BURSARY FUND APPLICATION FORM 2018-19

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: **21st September, 2018**
- 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 every term, 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

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"/> |
|-----|--------------------------|----|--------------------------|

SECTION 3: COURSE DETAILS

Which subjects will you be studying in 2017/18:

- 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"/> |
| In receipt of Employment Support Allowance <u>and</u> Disability Living Allowance or Personal Independence Payment | | | | | <input type="checkbox"/> |

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

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

Target Group 2	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?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Target Group 3	I don't fit into either of the above categories?
	Yes <input type="checkbox"/>

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: