

## SIXTH FORM 16-19 BURSARY FUND APPLICATION FORM

Prior to completing this form please ensure you have read the '***Sixth Form Bursary Policy***'.

Please fully answer all of the questions relevant to you and sign the declaration **on page 6**. If your form is incomplete, it will be returned to you and your application may be delayed. If you need help in completing this form, please e-mail our Sixth Form Centre Manager: [smagee@latimer.org.uk](mailto:smagee@latimer.org.uk)

Please return this completed application along with proof of entitlement in an envelope marked: **Private & Confidential** to Miss S Magee, Sixth Form Centre Manager, Latimer Arts College by **30<sup>th</sup> September 2020**.

### PART A – STUDENT DETAILS

**THIS MUST BE COMPLETED BY THE APPLICANT**

|                             |  |                       |  |
|-----------------------------|--|-----------------------|--|
| <b>Surname/Family Name:</b> |  |                       |  |
| <b>First Name(s):</b>       |  | <b>Date of Birth:</b> |  |
| <b>Email:</b>               |  | <b>Phone No:</b>      |  |
| <b>Address:</b>             |  |                       |  |
| <b>Post Code:</b>           |  |                       |  |

To receive payments, you must have a bank account in your own name. If you do not have a bank account, you need to open one before completing this form.

|                               |  |                    |  |
|-------------------------------|--|--------------------|--|
| <b>Name of Account Holder</b> |  |                    |  |
| <b>Bank/Building Society</b>  |  | <b>Branch</b>      |  |
| <b>Sort Code</b>              |  | <b>Account No.</b> |  |

### **Nationality and Residency**

To be eligible for funding you must have the legal right to be resident in the United Kingdom at the start of your study programme.

|                                                   |                               |                                                                          |                               |
|---------------------------------------------------|-------------------------------|--------------------------------------------------------------------------|-------------------------------|
| <b>I am a British Citizen or EU/ EAA National</b> | <b>Y/N</b><br>(Please Circle) | <b>I have been resident in the UK or EU/EEA for the last three years</b> | <b>Y/N</b><br>(Please Circle) |
|---------------------------------------------------|-------------------------------|--------------------------------------------------------------------------|-------------------------------|

|                 |                          |                             |
|-----------------|--------------------------|-----------------------------|
| Date: June 2020 | To be reviewed: Annually | Next review date: June 2021 |
| Page 1 of 6     |                          |                             |

## PART B – PARENT/CARER DETAILS

**THIS MUST BE COMPLETED BY THE PARENT/CARER**

|                                |  |                  |  |
|--------------------------------|--|------------------|--|
| <b>Surname/Family Name:</b>    |  |                  |  |
| <b>First Name(s):</b>          |  |                  |  |
| <b>Address:</b>                |  |                  |  |
| <b>Post Code:</b>              |  | <b>Phone No:</b> |  |
| <b>Relationship to student</b> |  |                  |  |
| <b>N. I. Number</b>            |  | <b>Email:</b>    |  |

**This application for assistance from the 16-19 Bursary Fund is made under the following category:**

(Please Tick as necessary)

**Vulnerable Persons Bursary**

(Attach Appendix 1 Form – Page 3)

☐

**Discretionary Bursary**

(Attach Appendix 2 Form – Page 4)

☐

## Appendix 1 – Application for Vulnerable Persons Funding

This form should be completed in addition to the main application form and should be submitted with the appropriate evidence:

|                   |  |
|-------------------|--|
| <b>Full Name:</b> |  |
|-------------------|--|

| I wish to apply for Vulnerable Persons funding under the following criteria:                                                                                             | Please Tick |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| I am in local authority care                                                                                                                                             |             |
| I have just left living local authority care.                                                                                                                            |             |
| I am in receipt of Income Support or Universal Credit in my own right.                                                                                                   |             |
| I am receiving Employment and Support Allowance (ESA) or Universal Credit and Disability Living Allowance (DLA) or Personal Independence Payments (PIP) in my own right. |             |

| Please indicate the evidence you are enclosing in support of your application:                                                                                                                                                                                                                                                                                | Please Tick |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Written confirmation from the local authority that looks after you or provides your leaving care services                                                                                                                                                                                                                                                     |             |
| A copy of your income support or Universal Credit award notice (you must be entitled to the benefits in your own right). The evidence must confirm that you can be in further education or training.                                                                                                                                                          |             |
| For students getting Universal Credit (UC)/Employment and Support Allowance (ESA) and Disability Living Allowance and Personal Independence Payments, a copy of your UC claim that confirms which ESA group you have been placed. You will also need to provide evidence that you are receiving Disability Living Allowance or Personal Independence Payment. |             |

|                 |                          |                             |
|-----------------|--------------------------|-----------------------------|
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|-----------------|--------------------------|-----------------------------|

## Appendix 2 – Application for Discretionary Funding

Applications for discretionary bursaries are assessed on household income, therefore, you must provide evidence to support your application. In order to qualify for a discretionary bursary household income must be **below £30,000**. If you live with parents or a partner, this will include their income and income from any benefits. If you live independently, we need evidence of your own income and benefits you receive. Household income for the purpose of this application is defined as **gross taxable income** for the household, including taxable benefits.

This form must be completed in addition to the main application form and should be submitted with the appropriate evidence:

|                   |  |
|-------------------|--|
| <b>Full Name:</b> |  |
|-------------------|--|

- ☐ I reside in a household where I have registered for, and meet the criteria for Free School Meals.
- ☐ I reside in a household where the gross annual household income is below £30,000

| What is your total Household Income?<br>(Please Tick) |                  |                 |                 |                 |
|-------------------------------------------------------|------------------|-----------------|-----------------|-----------------|
| Up To £17,000                                         | £17,001- £20,000 | £20,001-£22,000 | £22,001-£24,000 | £24,001-£30,000 |
|                                                       |                  |                 |                 |                 |

| Please indicate the evidence you are enclosing in support of your application: |                                                                                                                                                                                                                       | Please Tick |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>Proof of Employed Income</b>                                                | Tax Credit Award Notice For 2019-20.<br>Or: (For each earning adult in the household): <ul style="list-style-type: none"> <li>• P60 for tax year 2019-20 or</li> <li>• Payslip for Last week in March 2020</li> </ul> |             |
| <b>Proof of Income from Self Employment</b>                                    | A “Self-Assessment Tax Calculation” for tax year 2019-20 (Form SA302), if you do not submit a Tax Credit Award Notice.                                                                                                |             |
| <b>Proof of Any Other Income</b>                                               | Relevant paperwork detailing the income received during the 2019-20 tax year.                                                                                                                                         |             |

|                 |                          |                             |
|-----------------|--------------------------|-----------------------------|
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| Page 4 of 6     |                          |                             |

Please complete the information below and give specific details of the financial support you are requesting (e.g. assistance with the cost of books and materials for your courses, travel to and from school, educational visits, exam resit fees, visits to open days etc.)

***I wish to apply under the Discretionary Bursary Fund for financial support towards:***

| A specific weekly need (i.e. transport to school) | Approx. Cost Per Week |
|---------------------------------------------------|-----------------------|
|                                                   |                       |
|                                                   |                       |
|                                                   |                       |

| Individual items (i.e. books, equipment, university visits) | Estimated Cost If Known. |
|-------------------------------------------------------------|--------------------------|
|                                                             |                          |
|                                                             |                          |
|                                                             |                          |
|                                                             |                          |
|                                                             |                          |

**Please note:**

Prior to any expenditure, you must:

- Complete a claim form and have it approved by the Assistant Principal for Sixth Form.
- Provide receipts for expenditure, in order to access bursary funds.

|                 |                          |                             |
|-----------------|--------------------------|-----------------------------|
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| Page 5 of 6     |                          |                             |

## DECLARATION

**(Please ensure you have fully read all the information before signing this form).**

- I / we have read the Privacy Notice included with this application.
- I / we have read and understood the Bursary Policy, supplied with this application form.
- I / we confirm that the information given above is correct and complete to the best of my / our knowledge and belief and is a true reflection of my / our financial position.
- I / we undertake to inform the school immediately in writing, if my / our circumstances change.
- I / we understand that if the student leaves school he/ she/ they will not be eligible to receive further payments and overpayments may have to be repaid.
- I / we understand that payment of any award is conditional upon the student meeting his /her/ their obligations as per the Sixth Form Learning Contract regarding attendance, performance, behaviour and compliance with all procedures
- I / we confirm that the student is eligible for support from the 16 –19 Bursary Fund on residency grounds and will provide suitable supporting evidence if required.
- I / we understand that the school may make payments “in kind” such as purchasing books or resources on behalf of the student. Any such purchases of books, reference materials or non-consumable items, by the school, as part of the Bursary, remain the property of the school and must be returned by the student, following completion of the course.
- Funding for the 16-19 Bursary Fund is limited and support is subject to there being sufficient funds available at the time the application is received and assessed.  
Please be aware that if there is high demand for the discretionary bursary, we will prioritise the applications we have received on the basis of **need**, therefore, we are not able to guarantee that you will receive financial assistance.
- If I am awarded a bursary, I understand that the funding only covers this academic school year and that I must re-apply for funding next year (if applicable).
- I / we understand that the information provided may be shared with other agencies or organisations, as allowed by law, for the purposes of checking this application and / or the prevention of fraud.

|                          |  |       |
|--------------------------|--|-------|
| Signed by the student    |  | Date: |
| Signed by parent / carer |  | Date: |

**For office use only:**

Date application received: .....

Approved By Sixth Form Centre Manager ..... Date .....

Approved by Assistant Principal for Sixth Form ..... Date .....

Amount of Bursary Award to be made for the Academic Year 2020-21 £.....

*The school reserves the right to amend or update the application form and procedures during the academic year 2020/21*

|                 |                          |                             |
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| Page 6 of 6     |                          |                             |