16-19 Bursary Application Form



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| --- | --- | --- | --- |
| Student Name |  | Tutor  Group: |  |
| I wish to apply for a bursary for the academic year 2025-2026.   * I have read the 16-19 Bursary Policy published on the school website. * I understand that the information I provide on this form will be checked to determine my eligibility. * I understand that eligibility for funding is no guarantee that an award will be made. * If a bursary is awarded, I understand payment may be made “in-kind”. * If a monetary payment is awarded, I have a bank account in my own name that is able to accept BACS payments and I understand the money must be used for the purposes for which it has been awarded. * I understand that equipment provided under this policy may remain the property of Diss High School at all times and must be returned to school either on request or upon completion of my studies, whichever comes soonest. * I understand that any award is conditional on me maintaining a good level of attendance and meeting the academic and behavioural standards expected of all Diss High School Sixth Form students.   I can confirm that the statements made throughout this form are correct to the best of my knowledge and I accept that deliberately providing false information would be fraudulent. | | | |
| Student Signature: | | Date: | |
| Parent/Carer Name: Signed: | | | |

Eligibility Criteria

|  |  |  |
| --- | --- | --- |
| Age  Please tick the appropriate box |    | I will be aged over 16 but under 19 on 31 August 2025  I have an Education, Health & Care Plan  I am continuing on a study program I began aged 16-18 |
| Education  Please list the subjects you are studying |  |  |
| Residency  Please tick the appropriate box |    | I can confirm I have lived legally in the UK for the previous 3 years  Whilst I have not lived legally in the UK for the previous 3 years, I will provide proof upon request that I am now legally resident in the UK |
| Asylum Status | I am an asylum seeker YES / NO (delete as appropriate) | |

…continued overleaf

For office use only:

Received:

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Reviewed: \_\_\_\_\_\_\_\_

Priority & Reference:



|  |  |  |
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| Vulnerable Groups  Please tick the appropriate box |  I am in care   I am a care leaver   I receive Universal Credit or Income Support   I receive Personal Independence Payments or Disability Living Allowance  You must enclose evidence to support whichever statement applies. A list of acceptable evidence is given in our Bursary Policy, available on the school website. | |
|  | | OR |
| Discretionary Criteria  Please tick the appropriate box |      | I am already in receipt of free school meals  I have applied for free school meals. Date of application: \_\_\_\_\_\_\_\_\_\_\_\_  I live in a household where the gross household income, including benefits is less than £30,000 per annum. Number of dependent children: \_\_\_\_\_\_\_\_  You must either enclose evidence to support this statement or ask your parent/carer to provide the school with evidence under separate cover. A list of acceptable evidence is given in our Bursary Policy, available on the school website. |
|  |  | I wish to make you aware of other significant obstacles to my education Please give details below of these obstacles and provide any evidence that you deem appropriate. |

Support Required (Please tick all that apply)

|  |  |  |
| --- | --- | --- |
| Transport to/from home/school | I live   | more than 3 miles from school and:  I can travel by bus but need assistance with the Norfolk County Council Post 16 travel scheme; or |
|  |  | Other (please provide details at the bottom of this form) |
| Course-related costs |      | Textbooks  Revision guides Stationery  Exam related fees  Field trips, visits, etc. |
|  |  | Equipment, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Next Stages |  | Costs of attending university open days and interviews |
|  |  | Leavers Celebration |
| Other | Please describe the nature of your difficulty and what assistance you are seeking: | |

Further Details (if required, please use this space to provide further details, continuing on a separate sheet if necessary)

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