

16-19 Bursary Application Form

		Tutor	
Student Name		Group:	
 I understand that the info I understand that eligibili If a bursary is awarded, I If a monetary payment is and I understand the mo I understand that equipment times and must be return soonest. I understand that any awacademic and behavioural I can confirm that the state 	rsary Policy published on the school website. ormation I provide on this form will be checked to ty for funding is no guarantee that an award will b understand payment may be made "in-kind". awarded, I have a bank account in my own name th ney must be used for the purposes for which it has ment provided under this policy may remain the ned to school either on request or upon completic vard is conditional on me maintaining a good level al standards expected of all Diss High School Sixth I ments made throughout this form are correct to viding false information would be fraudulent.	nat is able so been away property on of my so well of atte	to accept BACS payments arded. of Diss High School at all studies, whichever comes and meeting the lents.
Student Signature:		Date:	
Parent/Carer Name:	Signed:		
Eligibility Criteria			Í
Age Please tick the appropriate box	 I will be aged over 16 but under 19 on 31 August preceding the start of the current academic year 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 / N	IO (delete	as appropriate)
			continued overleaf
For office use only: Received: / /20	Reviewed: Priority & Referen	ice:	

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 or I believe I meet the pupil premium criteria □ 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 dependant 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	I live more than 3 miles from school and:			
home/school	 □ 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	☐ Text books ☐ 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	d, please use this space to provide further details, continuing on a separate sheet if necessary)			