

16-19 Bursary Fund 2016-17

Application Form

For Office Use Only	
Date Received	



Part A - To be completed by the Student

Part A: Section 1 – Personal Circumstances

Are you currently in care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you receive Income Support or Universal credit in your own name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you a care leaver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you receive Disability Living Allowance <i>and</i> Employment Support Allowance in your name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Priority 1: Evidence Required: Benefits Document/Letter or Proof of Care or Care Leaver Status –
No other documentation will be accepted in support of an application.

NB - If you have NOT answered YES to any question above then you are Not eligible to apply for a Priority 1 Bursary.

Priority Group 2	Priority Group 3
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Household income below £17000 including any Tax Credits. Yes <input type="checkbox"/> No <input type="checkbox"/>	Household income between £17,000 and £25,000 including any Tax Credits Yes <input type="checkbox"/> No <input type="checkbox"/>
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Priority Group 3 cannot be processed until Groups 1 and 2 are assessed and will be dependent on the remaining funds.

Essential Costs: Students who are approved for a bursary MAY be eligible for help with College costs such as: Essential course related equipment / sports kit, course materials, exam resits and College trips.

Travel: Do you live within Hartlepool but more than 2.5 Miles from the College?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Part A: Section 2 - Personal Information

Surname		Forenames	
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Date of birth		Age @ 31-8-16	
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Have you been resident in the UK for the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you an Asylum Seeker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Name of Course(s)		Do you have Refugee Status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Home Address				Post Code	
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Home Tel number		Student Mobile Number	
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Parent Email Address		Parent Mobile Number	
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Bank Details – This MUST be students own account

Name of Bank		Name of Account Holder	
Sort Code		Account Number	

Part B: To be completed by Parent/ Guardian and Student

Part B Section 3 - Eligibility Check

Does the young person live with you at the address shown?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	You must attach your most recent Tax Credit Award notice dated April 2016 onwards. Please include all pages.
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Part C: Section 4 - Evidence

You must bring one or more of these documents in evidence to show you meet the finding criteria:		Evidence Required: Photocopy or Original of the whole Document	Tick docs attache
Priority 1	In care/recently left care	Social Services letter required	<input type="checkbox"/>
Priority 1	In receipt of Income Support in own right	Letter dated in last 3 months	<input type="checkbox"/>
Priority 1	Employment Support Allowance and Disability Living Allowance in own right	Letter(s) dated in last 3 months	<input type="checkbox"/>

Where there is more than one parent/ guardian living in the household, we require any relevant financial evidence as detailed below.

Priority 2 or 3	Income-related Employment and Support Allowance (ESA)	Letter dated in last 3 months/last 3 months bank statements	<input type="checkbox"/>
Priority 2 or 3	Income-based Jobseekers Allowance	Letter dated in last 2 weeks/latest bank statements	<input type="checkbox"/>
Priority 2 or 3	In receipt of Income Support	Letter dated in last 3 months/last 3 months bank statements	<input type="checkbox"/>
Priority 2 or 3	Pension/Pension Credit	Award notice/evidence of Pension Income	<input type="checkbox"/>
Priority 2 or 3	Child Tax Credit/Working Tax Credit	Award notice dated April 16 onwards	<input type="checkbox"/>
Priority 2 or 3	Low income	P60 April 2016 – or 3 most recent salary slips	<input type="checkbox"/>
Priority 2 or 3	Self Employed Income	SA302 or Certified accounts for 2015-16	<input type="checkbox"/>

Part B: Section 4 - Declaration

Please read the statements below and tick the boxes to confirm your agreement, then Sign and Date:

I have fully completed each section.	<input type="checkbox"/>
I have enclosed all required evidence to support my application.	<input type="checkbox"/>
I have provided evidence which is accurate and true. I understand that the College may carry out checks to verify the evidence provided, and may take action deemed appropriate if any information I have given is proven to be incorrect or false.	<input type="checkbox"/>
I have completed the bank information section with the Students own bank details.	<input type="checkbox"/>
I understand that to receive my full award, I must maintain attendance above 90% and adhere to the Student Code of Conduct. Failure to attend at 90% or higher will reduce or stop my Bursary.	<input type="checkbox"/>

Student Signature		Date	Signature of Parent/Guardian		Date
Name of Student					

Office Use Bursary Approved Yes No

Priority group	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Travel	Y <input type="checkbox"/> N <input type="checkbox"/>	Date of Assessment	
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Assessed by: Initials		Approved By: Signature	
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