

THEALE GREEN SCHOOL

16-19 Bursary Fund 2020/21

Application Form

Section 1: Young Person Details

Unique Reference Number		Tutor	
Surname		Forename	
Home address		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
<hr/> <hr/> <hr/> <hr/>		Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Age on 1st September 2020 <input type="text"/>	
		Home Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Mobile Telephone Number (if applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Do any of these apply to you? (tick all those that apply)			
I am living independently	<input type="checkbox"/>	I am a looked after young person	<input type="checkbox"/>
I do not live with my parent(s)	<input type="checkbox"/>	I have been a looked after young person	<input type="checkbox"/>
I am a parent	<input type="checkbox"/>	I am living in hostel accommodation	<input type="checkbox"/>
I or my sibling(s) in receipt of Free School Meals	<input type="checkbox"/>	I consider myself disabled	<input type="checkbox"/>
I am receiving Disability Living Allowance	<input type="checkbox"/>	I receive Income Support in my name	<input type="checkbox"/>
I receive another Financial Benefit (please state below)	<input type="checkbox"/>	I am receiving Employment Support Allowance	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>			

Section 2: Residency Status (tick all those apply)

British Citizen	<input type="checkbox"/>	EU/EEA Citizen	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>	Refugee/Indefinite Leave to Remain	<input type="checkbox"/>
Humanitarian Protection	<input type="checkbox"/>	Discretionary Leave to Remain	<input type="checkbox"/>	National Asylum Support System (NASS)	<input type="checkbox"/>		<input type="checkbox"/>

Section 3: Programme of Study

Year Group	<input type="text"/>	Programme of Study (A level / BTEC)	
Subjects	1		2
	3		4
	5		6

Section 4: Parent/Guardian/Carer(s) Details (to be completed by parent/guardian/carer(s))

Adult 1	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Adult 2	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Full Name	<input type="text"/>				Full Name	<input type="text"/>			
Home address (if different from young person)	<input type="text"/> <input type="text"/> <input type="text"/>				Home address (if different from young person)	<input type="text"/> <input type="text"/> <input type="text"/>			
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Home Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Telephone Number (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile Telephone Number (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to young person	<input type="text"/>				Relationship to young person	<input type="text"/>			

Section 5: Income Information (to be completed by parent/guardian/carer(s))

Do you receive any of the following?	Adult 1	Adult 2	(evidence <u>must</u> be provided)	Adult 1	Adult 2
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	Universal credit	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
What was your total household income for the Tax Year 2020-2021				£ <input type="text"/>	

Section 6: Bursary being applied for

Guaranteed	<input type="checkbox"/>	Discretionary	<input type="checkbox"/>	Exceptional*	<input type="checkbox"/>	*please enclose a covering note outlining your needs
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Section 7: Parent/Guardian/Carer(s)/Young Person Declaration

I confirm that the information given on this application form is true and correct

Adult 1 Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult 2 Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Young Person Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 8: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Checked by	<input type="text"/>
Application Complete?	<input type="text"/>	<input type="text"/>	Evidence Submitted?	<input type="text"/>	<input type="text"/>	More information needed?	<input type="text"/>	<input type="text"/>	

Declaration Slip

I can confirm that the evidence we have provided on the bursary application is correct to the best of our knowledge and belief. Please be aware that giving false or incomplete information that leads to incorrect/overpayment may result in future payments being stopped and any incorrectly paid funds being recovered. There is also the possibility that fraudulent applications could result in a referral to the police with the possibility of prosecution.

Student Name:

Name of Parent / Carer:

Parent / Carer Signature:

Date:.....