

THEALE GREEN SCHOOL

16-19 Bursary Fund 2021/22

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																					
		<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">D</td> <td style="width: 25%;">D</td> <td style="width: 25%;">M</td> <td style="width: 25%;">M</td> <td style="width: 25%;">Y</td> <td style="width: 25%;">Y</td> </tr> </table>		D	D	M	M	Y	Y														
		D	D	M	M	Y	Y																
		Age on 1st September 2021																					
Home Telephone Number																							
Postcode <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>												<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
Mobile Telephone Number (if applicable)																							
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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"/>																				
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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="checkbox"/>	Programme of Study (A level / BTEC)	
Subjects	1		2
	3		4
	5		6

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:.....