

# THEALE GREEN SCHOOL

## 16-19 Bursary Fund 2025/26

### Application Form

#### Section 1: Young Person Details

<b>Unique Reference Number</b>		<b>Tutor</b>											
<b>Surname</b>		<b>Forename</b>											
<b>Home address</b> _____ _____ _____ _____		<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>										
		<b>Other</b> <input type="checkbox"/>											
		<b>Date of Birth</b>											
		<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td> <td style="width: 20px;">D</td> <td style="width: 20px;">M</td> <td style="width: 20px;">M</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> </tr> </table>		D	D	M	M	Y	Y				
D	D	M	M	Y	Y								
		<b>Age on 1st September 2025</b>											
		<b>Home Telephone Number</b>	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>										
<b>Postcode</b>		<b>Mobile Telephone Number (if applicable)</b>	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>										

**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"/>

#### 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"/>		

#### Section 3: Programme of Study

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

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

<b>Adult 1</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> <b>Full Name</b> <input style="width: 90%;" type="text"/> <b>Home address (if different from young person)</b> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <b>Postcode</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <b>Home Telephone Number</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <b>Mobile Telephone Number (if applicable)</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <b>Relationship to young person</b> <input style="width: 80%;" type="text"/>	<b>Adult 2</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> <b>Full Name</b> <input style="width: 90%;" type="text"/> <b>Home address (if different from young person)</b> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <b>Postcode</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <b>Home Telephone Number</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <b>Mobile Telephone Number (if applicable)</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <b>Relationship to young person</b> <input style="width: 80%;" type="text"/>
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## Section 5: Income Information (to be completed by parent/guardian/carers)

<b>Do you receive any of the following?</b>	<b>Adult 1</b>	<b>Adult 2</b>	<b>(evidence <u>must</u> be provided)</b>	<b>Adult 1</b>	<b>Adult 2</b>
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"/>
<b>What was your total household income for the Tax Year 2025-2026</b>				£ <input style="width: 150px;" type="text"/>	

## Section 6: Bursary being applied for

<b>Guaranteed</b>	<input type="checkbox"/>	<b>Discretionary</b>	<input type="checkbox"/>	<b>Exceptional*</b>	<input type="checkbox"/>	<b>*please enclose a covering note outlining your needs</b>
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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*

<b>Adult 1 Signature</b>	<input style="width: 95%;" type="text"/>	<b>Date</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
<b>Adult 2 Signature</b>	<input style="width: 95%;" type="text"/>	<b>Date</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
<b>Young Person Signature</b>	<input style="width: 95%;" type="text"/>	<b>Date</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>

## Section 8: FOR SCHOOL OFFICE USE ONLY

<b>Date Application Checked</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>	<b>Checked by</b>	<input style="width: 95%;" type="text"/>
<b>Application Complete?</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>	<b>Evidence Submitted?</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
		<b>More information needed?</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" 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:.....