

**St John Fisher Catholic College**  
**16-19 Bursary Fund**  
**2016/17**

**St John Fisher Catholic College**  
**16-19 Bursary Scheme**  
**Application Form 2016/17**

Please read all the guidance notes carefully before you complete this application form which should be in black ink using BLOCK capitals.  
All supporting evidence must be the original documentation which will be returned to the applicant in person. Photocopies are not acceptable.

**Section A – to be completed by all learners**

**1.1 Your personal details**

Learner's surname \_\_\_\_\_

Learner's first name \_\_\_\_\_

Date of birth \_\_\_\_\_ Age on 31<sup>st</sup> August 2016 \_\_\_\_\_

Are you: *(please tick)* Male  Female

Learner's home address (inc post code) \_\_\_\_\_

\_\_\_\_\_

Home telephone number \_\_\_\_\_ Mobile number \_\_\_\_\_

National Insurance number \_\_\_\_\_ Email address \_\_\_\_\_

## Section B – to be completed by all learners

### 2.1 Which bursary are you applying for?

Please complete either part 1 or 2 below

<b>Part 1 - Vulnerable student bursary</b>		
Payment of £1,200 in instalments or “in kind” in arrears during term time only		
<b>Eligible groups for this bursary</b>	<b>Tick</b>	<b>Supporting evidence required</b>
Young person in care or care leaver		Please attach supporting letter from your key worker or social worker
Young person in receipt on income support or universal credit		Please attach benefits paperwork dated within the last 6 weeks
Young person in receipt of Employment Support Allowance and Disability Living Allowance or PIP payments		Please attach benefits paperwork dated within the last 6 weeks

<b>Part 2 Discretionary Bursary Priority 1, 2 and 3</b>		
Payment in instalments or “in kind” in arrears during term time only		
<b>Eligible groups for this bursary</b>	<b>Tick</b>	<b>Supporting evidence required</b>
<p><b>Priority 1</b> Young person who qualifies for free school meal (even if you choose not to receive the free meal)</p> <p><i>Please note: new applications for free school meals can be made at any time. Contact our general office for further details or go online at Staffordshire County/Stoke City Council website.</i></p>		Please refer to 5.1
<p><b>Priority 2</b> Young person living in a household with a total annual income below £20,817</p>		Please refer to 5.1
<p><b>Priority 3</b> Young person living in a household which does not meet criteria in Priority 1 (Free school meals) and 2 (Income under £20,817) but who face significant financial barriers.</p>		Please refer to 5.1

### 3.1 How do you intend/plan to spend your bursary?

Please provide information in the table below what costs you need the bursary to assist you with

Type of Expense	Details	Estimated Cost
Books/Stationery		
Transport Costs		
Field Trips/Course Visits		
University Open Days		
Equipment		
Other		

### 4.1 Bank account details

To facilitate the payment of awards by BACS please provide bank account details below

Applicant Name:	Bank Account Name:
Name of Bank/Building Society:	Branch Address:
Sorting Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number  Roll Number (if applicable)

#### 4.1 Learner declaration (to be completed by all learners)

**Your application will not be processed unless you sign and date this declaration**

- I declare that all the information given on this form is correct to the best of my knowledge and that I will supply any additional information that may be required to verify the information given.
- I understand that if I refuse to provide information relevant to my claim the application will not be processed.
- I undertake to inform the school, in writing of any changes in my circumstances relevant to this application and I will notify the Welfare Benefits Service of any change to my financial circumstances that may affect my entitlement to Bursary funding.
- I understand that if I leave before the completion of my programme of study I may be required to repay all or part of the amount of Bursary fund paid to me.
- I agree to repay in full and immediately any money paid to me if the information I have given is shown to be false or deliberately misleading.
- I acknowledge that this application relates to 2015/16 only.
- I agree to abide by the terms of my Sixth Form Learner Agreement.

I understand that my information is being held by St John Fisher Catholic College in accordance with the Data Protection Act 1998 and may be shared with other bodies administering public funds for the prevention and detection of fraud in connection with this application.

Signed..... Date.....

Full Name (in block capitals).....

**Section C – to be completed by learner’s parent or carer  
(Priority 1, 2 & 3 only)**

**5.1 Financial assessment (to be completed by learner’s parents or carer)**

<b>Parent or carer 1</b>	
Surname Title	First Name (s)
Address (if different from above)	Home telephone number  Mobile telephone number
Postcode	
Date of Birth	National Insurance number
<b>Parent or carer 2</b>	
Surname Title	First Name (s)
Address (if different from above)	Home telephone number  Mobile telephone number
Postcode	
Date of Birth	National Insurance number

In order to be eligible for a Priority 2, 3 or 4 bursary you must declare that the learner is living in a household with the appropriate annual income band before tax and national insurance.

Priority 1	Tick	Supporting evidence required
Young person who qualifies for free school meal (even if you choose not to receive the free meal)		<p>Please attach award letter which confirms that learner is eligible for Free School Meals. To qualify for free school meals you need to be receiving:-</p> <ul style="list-style-type: none"> <li>○ Income Support</li> <li>○ Income-Based Jobseekers Allowance</li> <li>○ Support for Asylum Seekers</li> <li>○ Child Tax Credit where you do not receive Working Tax Credit and your annual income (as assessed by HMRC) does not exceed £16,190</li> <li>○ Guaranteed Pension Credit</li> <li>○ Income Related Employment and Support Allowance.</li> </ul>

Priority 2 or 3	Parent/Carer 1		Parent/Carer 2		
<b>Declaration of parent or carer income</b>	Parent/Carer 1		Parent/Carer 2		Evidence to be attached to the completed application form
	Yes	No	Yes	No	
Are you employed?					If yes, please provide the last four months worth of payslips or your P60 for the last tax year.
If yes, please state your current annual income before tax and national insurance	£		£		
Are you self employed?	Yes	No	Yes	No	
If yes, please state your current annual income before tax and national insurance	£		£		If yes, - SA302 form or certified accounts.

**Do you receive any of the following grants or benefits?**

Please indicate which one of the following benefits/income that you currently in receipt of.

<b>Priority 2 or 3</b>					
<b>Declaration of parent or carer income</b>	Parent/Carer 1		Parent/Carer 2		Evidence to be attached to the completed application form
	Yes	No	Yes	No	
Working Tax Credit/Child Tax Credit					If yes, please attach pages 1-4 of your most recent Tax Credit Award (TC602) showing that your household income is below £20,817
If yes, please state amount	£		£		
	Yes	No	Yes	No	
Other Benefits					If yes, please attach most recent award letter showing the income is below £20,817
If yes, please state type of benefit and amount	£		£		

**Do you receive any other income?**

Please indicate any other income that you are currently in receipt of (e.g. rental income, investment income etc)

<b>Priority 2 or 3</b>					
<b>Declaration of parent or carer income</b>	Parent/Carer 1		Parent/Carer 2		Evidence to be attached to the completed application form
	Yes	No	Yes	No	
Type of income					If yes, please attach most recent income statements
If yes, please state amounts	£		£		
	Yes	No	Yes	No	
Type of income					If yes, please attach most recent income statements
If yes, please state amounts	£		£		

**Priority 3 applicants**

<b>Priority 3 only</b>			Please provide a written letter in support of your application explaining why you face significant financial barriers.
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**5.2 Parent or carer declaration (to be completed by the parent or carer who has completed the financial assessment at 5.1**

**The learner’s application will not be processed unless you sign and date this declaration.**

- I/we declare that all the information given on this form is to the best of my knowledge correct in every respect and I/we undertake to inform the school of any changes in the information given concerning my/our circumstances.

I understand that my information is being held by St John Fisher Catholic College in accordance with the Data Protection Act 1998 and may be shared with other bodies administering public funds for the prevention and detection of fraud in connection with this application. If you knowingly provide misleading or false information you may be liable to prosecution.

Parent/Carer..... Date.....

Full name(s) in block capitals.....