Please read the WKGS 16-19 Bursary Fund Policy before completing this form.

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| **Part 1: Student Details**  |
| Full Name |   |
| Date of Birth  |   |
| Age  |   |
| Home Address  |   |
| Postcode  |   |
| Telephone  |   |
| Email Address  |   |
| Transport to school (if school bus – include bus number) |  |

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| **Part 2: Parental Contact Details**  |
| Title  |  |   |
| Full Name  |  |   |
| Relationship  |  |   |
| Address  |  |   |
| Postcode  |  |   |
| Telephone  |  |   |
| Email Address  |   |

|  |  |
| --- | --- |
| **Part 3: Household Details**  |  |
| Please state who you live with and their relationship to you  |  |
| Name  | Relationship to you e.g. mother, father, brother, sister, partner etc.  | Age if under 16  |
|   |   |   |
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| **Part 4: Bursary Application – please indicate the bursary that is most relevant to your circumstances.**  |
| **Vulnerable Student Bursary (up to £1,200)\*** |
| I am a young person in care   |   |
| I am a young care leaver   |   |
| I am living independently and in receipt of Income Support or Universal Credit   |   |
| I am in receipt of **both** Personal Independence Payments (Disability Living Allowance) **and** Employment Support Allowance (ESA) (or Universal Credit as a replacement to ESA)  |   |

 **\*Now move to Part 5**

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| **1/ Discretionary Student Bursary Tier A\*\*** (up to £1,000) |
| I have a household income of 16,190 or below  |   |

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| **2/ Discretionary Student Bursary Tier B\*\*** (up to £800) |
| My total household income is less than £25,000.00  |   |
| I have exceptional financial circumstances and wish to be considered on a discretionary basis – please read the Guidance document to ensure that you include all relevant evidence as part of Part 6 of this form.  |  |

 **\*\*Now move to Part 6**

|  |  |  |
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| **Part 5: Evidence to support Vulnerable Student Bursary**  |  |  |
| **Criteria** | **Evidence Required** | **Provided** | **Office use only** |
| In care or a care leaver  | Written confirmation of current or previous looked-after status from the relevant local authority - this is the local authority that looks after you or provides your leaving care services. The evidence could be a letter or an email but must be clearly from the local authority. |  |  |
| In receipt of IS or UC | A copy of their IS or UC award notice. This must clearly state that the claim is in the student’s name/confirm they are entitled to the benefits in their own right.  |  |  |
| Tenancy agreement in the student’s name |  |  |
| Child benefit receipt |  |  |
| Birth certificate |  |  |
| Utility bill |  |  |
| Receiving UC/ESA and Disability Living Allowance (DLA) and Personal Independence Payments(PIP) | Copy of their UC claim from DWP |  |  |
| Evidence of receipt of DLA or PIP must also be provided |  |  |

 NOTE: All evidence for given category is required.

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| **Part 6: Income Evidence (For Household)**  |
| Please indicate which of the following benefits/income you are currently in receipt of and the evidence you have provided. Please send copies of these as evidence of the household income.  |
| **Type of Income**  | **Evidence required**  | **Provided** | **Office Use** |
| **A** | Universal Credit  |  **ALL pages** of most recent award letter for the last 3 months |  |  |
| **B**  | Other Benefits/Pensions (specify)  | **ALL pages** of most recent award letter for the last 3 months (if not annually) |  |  |
| **C**  | Earned income if no additional benefits are received | Include last 3 months wage slips  |  |  |
| **D**  | Self-employed earnings with no additional benefits  | Audited accounts or official tax return for most recent tax year |  |  |

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| **Part 7: Student Payment Details (BACS)** |
| Name of Bank  |  |
| Account Holder’s Name |  |
| Account number |  |
| Sort code |  |
| Signature of student |  |

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| **Part 8: Declaration**  |
| I certify that the information given above is correct and understand that the School has the right to reclaim any funds and equipment costs, if I am found to have provided incorrect information or do not complete my course.  |
| Signature of parent (or student if living independently)  |  |
| Date  |  |

**Remember:**

Your application will not be assessed unless you give your full details and include documentary evidence of household income. You can also attach a letter outlining any special circumstances that may apply in your case. Any delay in providing the correct evidence will delay

If you need any additional information, help completing the application form or further support, please contact Mrs Marley: lmarley@wkgs.net

**Please return this form to:** Finance Office

Please include an envelope for safe return of original documents

**For Office Use only:**

Date Received: ......................................... Evidence Provided: Yes/No

Bursary Approved: Yes/No Type of Bursary: ………………………………

Amount Awarded: .............................

Authorised by: .......................................................................................................

Signature: ..........................................................................................................

Date: ............................................