



16-19 Bursary Fund Application

Student name: _____

Qualifications being studied: _____

Eligibility criteria – please tick all the statements listed below that apply to you:

Information provided will remain confidential.

I am in care	
I am a care leaver	
I am financially supporting myself and in receipt of Income support or Universal Credit (UC) in my own right	
I am in receipt of both Employment Support Allowance (ESA) and Personal Independence Payment (PIP) in my own right	
I am in receipt of Disability Living Allowance or Personal Independent Payments as well as Employment Support Allowance or Universal Credit in my own right	
I am in receipt of free school meals	
My family is on a low income or in receipt of Universal Credit or similar	

Please detail financial support required under the following headings, explaining what resources are needed to help you study. Your tutors will be able to assist you with this process. (Please note items should not be purchased without authority from the finance office as these may be purchased by the school, items purchased remain the property of school and should be returned at the end of the course.)

Items required	Cost
Books/Resources (please list including ISBN:)	
Transport (bus fares etc, include Educational Trips)	



Items required	Cost
Equipment including Personal Protective Equipment (PPE) (relevant to course/study)	
Other	

I confirm that I was aged under 19 on 31 August 2021. I certify that all details contained within my application are complete and accurate to the best of my knowledge and belief. I understand that I may be asked to provide evidence of eligibility to support my application and that I am not automatically entitled to bursary if I do not have financial needs, or my financial needs are covered from other sources.

I understand that payments of successful bursary applications may be made either in kind (by the school purchasing materials on my behalf) or by cheque or BACS payment. The school reserves the right to withhold bursary payments at the discretion of the Head of Sixth Form or Chief Financial Officer.

I confirm that I am not in receipt of the Welsh EMA grant.

I understand that giving false or incomplete information that leads to incorrect/overpayment may result in incorrectly paid funds being recovered or cease. This may also result in a referral to the police with the possibility of the student and/or family facing prosecution.

Signed: _____ (Student) Date: _____

Signed: _____ (Parent/Carer) Date: _____

ADMINISTRATION USE ONLY

Application reference:

Date received:

Eligibility check passed by:
(Attach ESFA check list and evidence)

Value should not exceed:

Date student informed of outcome: