

**APPLICATION FOR 16-19 BURSARY**

**LEARNER DETAILS**

|  |  |
| --- | --- |
| Surname/Family Name | First Name (s) |
| Date of Birth | Age on 1st Sept 2021 |

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| Address:  Postcode: |
| Email: | Home Phone:Mob: |

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| **Bursary Criteria**To qualify you must be aged 16 or over and under 19 on 31st August 2021 and meet the ESFA’s residency criteria. The bursary is paid to enable you to attend your college studies and will only be paid if your attendance and behaviour meet the required standard.  |

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| **Bursary for Vulnerable Groups Criteria**To qualify you must fall into one of the categories listed below and produce the evidence as stated (please tick one box):Are you in receipt of Income Support or Universal Credit? (evidence required – IncomeSupport or Universal Credit Statement letter)Care Leaver or currently looked after in care? (evidence required – letter from Local Authority)Disabled student in receipt of **both** Employment Support Allowance or Universal Credit and Disability Living Allowance/Personal Independence Payments (evidence required – award letter showingIn receipt of **both** ESA (UC) & DLA/PIP |

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| **Discretionary Bursary Criteria**Your household income is one of the criteria, which will help us to assess your application. If your **TOTAL** Household income exceeds **£25,000** per annum, you will **not** be eligible for bursary payments.Please tick a box to indicate what type of evidence you have provided. If you cannot provide evidence then we cannot process your application for bursary payments.P60 Income Support/Universal Full Tax Credit Award Notice Credit (award letter) Self employed earnings Other benefits/pension Wage slips for Household(official tax return) (award letter) Please complete the details of household members: |
|  | Adult 1 | Adult 2 |
| Surname/Family Name |  |  |
| First Name(s) |  |  |
| Relationship to applicant |  |  |
| The amount of financial assistance you will receive is dependent on your personal circumstances. It is intended to help you with the costs of overcoming any financial barriers you may have for attending your learning. Using the table below, please tell us what you will need financial assistance for and how much you believe you will need for each **day** in learning: |
|  | How much will you need? | How many days? |
| Travel |  |  |
| Meals |  |  |
| Appropriate clothing |  |  |
| Equipment |  |  |
| Any other |  |  |

**LEARNER PAYMENT DETAILS *please note payments can only be made into a student’s account***

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| Full Name of Account Holder: |
| Name of Bank/Building Society: |
| Branch: |
| Sort Code: |
| Account Number: |
| Roll Number (if applicable): |

**DECLARATION/SIGNATURES**

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| I/We declare that the information we have given in support of this application is correct and complete to the best of my/our knowledge and belief.I/We understand this this information will not be shared with third party organizations.I/We understand that non-attendance and failure to comply to Academy policy may result in loss of financial supportLearner ………………………………………………………. Date ………………………………………………….Adult 1 ……………………………………………………….. Date ………………………………………………….Adult 2 ……………………………………………………….. Date ………………………………………………….. |

**CHECKLIST *Please remember to enclose all supporting documents - otherwise your application may be delayed***

Completed all sections Enclosed evidence for Discretionary Bursary

Enclosed evidence for Vulnerable Groups Bursary Signed Declaration

Please add any notes to support your application in the box below:

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| --- |
|  |

**Please hand in your completed application to the Sixth Form Team or by post to:**

**Archbishop Sentamu Academy**

**Sixth Form**

**1 Bilton Grove**

**Hull**

**HU9 5YB**