



## **APPLICATION FOR 16-19 BURSARY**

***This form will check if you are eligible for help from the discretionary bursary fund. We no longer make flat rate payments. Claims must be made on a green claim form and authorised by Head of Sixth Form.***

### **LEARNER DETAILS**

Surname/Family Name	First Name (s)
Date of Birth	Age on 1 <sup>st</sup> Sept 2022

Address:	
Postcode:	
Email:	Mobile No:

#### **Bursary Criteria**

To qualify you must be aged 16 or over and under 19 on 31<sup>st</sup> August 2022 and meet the ESFA's residency criteria. The bursary is used to enable you to attend your college studies and any claims will only be considered if your attendance/behaviour meet the required standard. The institution reserves the right to withdraw bursary payments in cases of poor attendance.

#### **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):

- You are in receipt yourself of Income support/Universal Credit (statement of IS/UC)
- Care Leaver or currently looked after in care? (evidence required – letter from Local Authority)
- You are in receipt of Disability Living Allowance(DLA) or Personal Independence Payments (PIP) (evidence required – letter/statements re DLA award or PIP)

#### **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, it is unlikely you will be eligible for help from the bursary fund.

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. If you are in receipt of Universal Credit, we will need to see a monthly statement.

Universal Credit Monthly Statement/Award  Disability Allowance/Other benefits   
 P60/Payslips  Pension award

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 sort of financial assistance you will require:

	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 own bank account*

Full Name of Account Holder:
Name of Bank/Building Society:
Branch:
Sort Code:
Account Number:

**DECLARATION/SIGNATURES**

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 information will not be shared with third party organisations.

I/We understand that non-attendance and failure to comply to Academy policy may result in loss of financial support

Learner ..... Date .....

Adult 1 ..... Date .....

Adult 2 ..... Date .....

**CHECKLIST - Please remember to enclose all supporting documents - otherwise your application will 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:

**Please submit your completed application to the Sixth Form Team or by post by 31<sup>st</sup> October 2022 to:**

**Archbishop Sentamu Academy  
Sixth Form  
1 Bilton Grove  
Hull  
HU9 5YB**