16 - 19 Bursary and Vulnerable Bursary

Academic Year 2026 – 2027

PLEASE READ THE ENCLOSED ELIGIBILITY INFORMATION & GUIDANCE NOTES BEFORE COMPLETION

PART A – TO BE FILLED IN BY THE STUDENT
PART B – TO BE FILLED IN BY THE PARENT(S) / GUARDIAN(S)

PART A – TO BE FILLED IN BY THE STUDENT

Part A – Section 1 – Personal Information

Surname		Forename	
Date of Birth		Age	Nationality	

Have you been resident in the UK for the last 3 years? Yes □ No □

Are you an Asylum Seeker? Yes □ No □

Home Address	
	Postcode
Telephone	Mobile

Please indicate who you live with: Parents □ Relatives □ Other □ On own □

Have you ever been in care? Yes □ No □

Are you a care leaver? Yes □ No □

If living on your own please indicate how you support yourself financially

Are you a parent who has responsibility for a child?	Yes □ No □

Did you previously receive Free School Meals?	Yes □ No □

Part A – Section 2 – Requirements and Bank Information (**You MUST attach evidence of account)**

The bursary amount will be allocated on an individual basis so please detail all requirements necessary, for a decision to be made.

In the box below please provide a list of requirements – these must be related to education, for example transport, chrome books, textbooks. Please provide as much detail as possible – for example if travel money is needed, what is the bus route, how many days and exact costs.

Requirement 1 –	Cost
Requirement 2 –	Cost
Requirement 3 –	Cost

Requirement 4 -	Cost
	TOTAL COST £

Full Name of Account Holder	

Sort Code						

Account Number								

PLEASE ENCLOSE EVIDENCE OF BANK ACCOUNT SUCH AS A LETTER FROM BANK/BANK STATEMENT

Student Agreement

You promise to:

- Have above 95% attendance
- Attend all classes punctually
- Do all your coursework and homework on time and to a satisfactory standard
- Follow all the rules of the school
- Notify the school correctly for absence/appointments

Student Declaration

1. I declare that the statements made on this form are true and to the best of my knowledge and belief are correct in every respect. I undertake to supply any

additional information that may be required to support this application. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I also undertake to tell the school of any change in my circumstances in writing. I agree to repay the school in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.

2. I am aware that the funding covers only this school year and that I must re-apply next year and there is no guarantee that I will receive funding for future years even if I am eligible for the current year. Signed (Student): Date:

Signature of student		Date	

PART B – TO BE FILLED IN BY PARENTS OR GUARDIANS

Part B – Section 1 – Eligibility Check

(You MUST attach a photocopy of a recent Bank Statement / Letter from Benefit Authority)

Does the student live with you at the address shown?	Yes □ No □
Do you claim Child Benefit for the student?	Yes □ No □

Part B – Section 2 – Income Details

DO PARENT(S) / GUARDIAN(S) CLAIM ANY OF THE FOLLOWING BENEFITS
(Please tick as appropriate)

Income Support	□
Employment & Support Allowance (Income Related)	□
Working Tax Credit	□
Child Tax Credit	□
Job Seekers Allowance (Income Based)	□
Pension Credits (Minimum Guarantee Credit)	□
Universal Credit	□
Please specify other benefits	

YOU MUST ATTACH EVIDENCE OF MOST RECENT BENEFIT – E.G. A PHOTOCOPY OF RECENT LETTER FROM BENEFIT AUTHORITY / BANK STATEMENT. FOR WORKING TAX CREDIT OR CHILD TAX CREDIT YOU NEED TO SUPPLY YOUR CURRENT WORKING TAX CREDIT AWARD NOTICE.

Do Parent(s) / Guardian (s) work?	Yes □	No □

Please outline Gross Annual Income	Adult 1	Adult 2
	£	£

PLEASE ENCLOSE A COPY OF MOST RECENT P60

Part B – Section 3 – Signature of Parent / Guardian

I can confirm that the information given in this form is correct and complete to the best of my knowledge. I understand that the College has the right to make an independent check of any evidence produced and such action as is deemed appropriate in the event of any information I have given being proven to be incorrect or false.

I declare that the statements made on this form are true and to the best of my knowledge and belief are correct in every respect. I undertake to supply any additional information that may be required to support this application. I understand that the College has the right to make an independent check of any evidence produced. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I also undertake to tell the school of any change in my circumstances in writing. I agree to repay the school in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.

Signature of Parent / Guardian		Date	

HAVE YOU REMEMBERED TO ENCLOSE:	
Evidence of bank details from student	☐
Evidence of child benefit from Parent(s) / Guardian(s)	☐
Evidence of relevant benefit or proof of household income	☐

PLEASE CHECK THAT YOU HAVE ANSWERED EACH SECTION FULL.