**Churchill Academy & Sixth Form**

**16-19 Bursary Fund Application Form**

Please complete this application form if you wish to apply for financial support from the 16-19 Bursary Fund

**\*\*\*\*\*\*\*\* CONFIDENTIAL \*\*\*\*\*\*\*\***

|  |  |  |
| --- | --- | --- |
| **Student Details** | **Surname:** |  |
| **First Name:** |  |
| **Date of Birth:** |  | **Tutor Group:** |  |
| **Home Address:** |  |
| **Mode of transport to school:** (please give details e.g. car, walk, bus number/route etc.) |  |

|  |  |  |
| --- | --- | --- |
| **Parent / Carer Details** | **Surname:** |  |
| **First Name:** |  |
| **Home Address:**(if different from above) |  |
| **Email Address:** |  |
| **National Insurance Number:** |  |
| **Do you have a husband/wife/partner living at this address:**(if Yes, please give details below) | **Yes:** |  | **No:** |  |
| **Surname:** |  | **First Name:** |  |
| **Please give details of any other dependants:**(any other children or adults who are financially dependent on you) |  |

|  |  |  |
| --- | --- | --- |
| **Eligibility Criteria**Please tick all that applies | **Eligibility Statement** | Tick if applicable |
| Student is in care or has recently left local authority care |  |
| Student is receiving Income Support, or Universal Credit because they are financially supporting themselves or financially supporting themselves and someone who is dependent on them and living with them such as a child or partner |  |
| Student is receiving Disability Living Allowance or Personal Independence Payments in their own right as well as Employment and Support Allowance or Universal Credit in their own right |  |
| Student is in receipt of Free School Meals |  |
| Student does not receive Free School Meals but we have a household income of less than £16,190\* |  |
| Student has received Free School meals within the last 6 years |  |
| Parent / Carer is in receipt of Child Tax Credits\* |  |
| We have a household income of less than £22,000\* |  |
| Student has exceptional circumstances (please discuss with the Sixth Form Pastoral Team) |  |

To support your claim for financial assistance please provide evidence of benefits or household income
e.g. Free School Meals Eligibility Letter, Tax Credits Award Notice, payslips, P60 etc.

|  |  |  |
| --- | --- | --- |
| **How can we support you?** | **Please indicate the type of support you require by ticking the relevant box** | Tick if applicable |
| Text books ordered through schoolPlease email titles and ISBN numbers to ret@churchill-academy.org |  |
| Reimbursement for books/equipment already boughtPlease email copies of receipts to ret@churchill-academy.org |  |
| Help with transport costse.g. contribution towards cost of bus pass |  |
| Payment/part payment for field trips and off site visitsThis would be paid directly to the relevant department |  |
| Additional Course Costs e.g. photography equipment, art/product design materials etc. |  |
| Transport for open days & interviews e.g. for university or apprenticeship applications |  |
| Other Costs associated with learning e.g. clothing for school or interviews, exam fees |  |

|  |  |
| --- | --- |
| **Student’s Bank Details** | **Please provide details of student’s bank account into which funding may be paid** |
| Name of Student (as per bank account): |  |
| Bank Name: |  |
| Sort Code: |  |
| Account Number: |  |

**Declaration:**

I confirm that the information on this form is correct at the time of completion, and that I will inform Churchill Academy & Sixth Form if our household circumstances change.

Signed: ……………………………………………….……………………………..….………… (Parent/Carer) Date: ………………………………….

Signed: ……………………………………………….……………………………..….………… (Student) Date: ………………………………….

Please send completed form to Rachel Thompson, Sixth Form Manager, Churchill Academy & Sixth Form, Churchill Green, Churchill, North Somerset, BS25 5QN or email to sixthform@churchill-academy.org

**Authorised by:**

Name: ……………………………………………….……………………………..….………… Position: ……………………………………………….……………………………..

Signed: ……………………………………………….……………………………..….………… Date: ………………………………….