

16 - 19 Bursary Fund
Student Application for Support 2021-22
Please refer to the guidance notes to assist your application

Surname:		Forename:		Tutor Group:		
Address:						
Distance to Sixth Form (miles) Google maps will be used to verify mileage.						
Telephone Number:	Home:			Mobile:		
Whom do you live with?	Mother <input checked="" type="checkbox"/>	Father <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>			
How many dependents under the age of 18 live at home with you?						
	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	Details			
Are you a lead carer for a parent or sibling with a diagnosed illness						
Are you entitled to Free School Meals?						
	Looked After Child <input checked="" type="checkbox"/> Currently in care	CARE Leaver <input checked="" type="checkbox"/>	Live independently <input checked="" type="checkbox"/> Without parents/guardian	On Income Support/ Universal Credit <input checked="" type="checkbox"/>	Parent (on CARE to Learn) <input checked="" type="checkbox"/>	Parents in the Armed Forces <input checked="" type="checkbox"/>
Do you fall into any of the following categories						
	Bus/ Tram <input checked="" type="checkbox"/>	Car <input checked="" type="checkbox"/>		Walk/Bike <input checked="" type="checkbox"/>		
How do you travel to the Academy						
Which criteria group do you meet?	Vulnerable Group: Yes/No			Discretionary Group: Yes/No		

Evidence is required as proof of both salaried income and any benefits or tax/universal credits as appropriate. Please ensure you provide evidence of all entitlements e.g. copies of P60s/ accounts and or any benefit entitlement documents etc.

Please complete the table below to indicate the details of household income.

	Yes/No	Evidence required Other
Salaried Income (P60)		P60 for April 2021 or last 3 monthly wage slips if paid weekly we will need to see 3 months' worth. Self-employment: Latest Self-Assessment or Accounts for 2021.
Income Support		Award letter which is less than 3 months old on the date of application
Incapacity Benefit/ Employment support allowance		Award letter which is less than 3 months old on the date of application
Job Seeker's Allowance		Award letter which is less than 3 months old on the date of application
Working &/ Child Tax Credits		All pages of the final/ amended tax credits awards notice for 2021/22
Universal Credit		Latest 3 month statements

CARE to Learn		
Personal Independent Payment		Award letter which is less than 3 months old on the date of application
Carer's Allowance		Award letter which is less than 3 months old on the date of application
Other		

Declaration - PLEASE READ CAREFULLY			
<p>I declare that;</p> <ul style="list-style-type: none"> • I have been resident in the UK for at least 3 years and satisfy the residency criteria in the ESFA funding guidance. • the information given on this form is correct and complete to the best of my knowledge • I understand that if I leave the course or finish the course I will no longer be eligible to receive any financial support through the Academy • I understand that if I give false or incomplete information I may be prosecuted • I have read and understand the eligibility, payment and assessment criteria as set out in the guidance notes. • I understand that if my circumstances change I must inform the college immediately if it will affect my eligibility for the bursary • By signing this declaration, you agree to all terms and conditions under the GDPR section. 			
<i>Signature of applicant (STUDENT)</i>		<i>Date</i>	

APPLICATION APPROVAL - *office use only*

<i>Details of documents enclosed and household income</i>			
<i>Reviewed By:</i>		<i>Date</i>	
<i>Application Approved:</i>	<i>Yes/No</i>		
<i>Approved By:</i>		<i>Date</i>	
<i>Category:</i>		<i>Allocation:</i>	
<i>Additional Notes/Comments</i>			

BACS PAYMENT DETAILS FOR TRANSFER OF BURSARY PAYMENTS

Forename	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>	Reg	<input type="text"/>

BANK ACCOUNT DETAILS (This must be your own personal account)

Bank/Building Society Name	<input type="text"/>
Branch Name	<input type="text"/>
Bank/Building Society Address	<input type="text"/>
Bank Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Or Building Society Roll Number	<input type="text"/>
Full Name on the account	<input type="text"/>

I confirm that all future payments made to me by Archway Learning Trust through the Bursary Fund should be sent direct to the above account. I will notify Nottingham Emmanuel Sixth Form immediately if any of the above details should change. I shall not hold Archway Learning Trust liable for payments received late or not at all as a result of me providing

Signed

Date

For Finance Use Only:

Input By:

Input Date: