

**16-19 Bursary Fund Application Form**

Please complete each section below

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| **Section 1- Personal Information**  Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DOB:\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 2- Eligibility Category:**  This section will ask you to indicate under which 2 categories you wish your application to be considered against. You will also find information about what evidence will be needed to support your application. Please indicate by placing a cross in the box next to the category which applies to you. |
| Category 1  I wish my application to be considered under Category 1- I confirm that I am one of  -in care  - a care leaver  -receiving Income Support (IS), or Universal Credit (UC) 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  -receiving Disability Living Allowance (DLA) or Personal Independence Payments (PIP) in their own right **as well as** Employment and Support Allowance (ESA) or UC in their own right    In support of my application, I enclose either   1. Written confirmation of my current, or previous looked-after status from the Local Authority who looked after me, or how provided my leaving care services; 2. A letter or email confirming that you are in receipt of the benefits indicated above.   Please turn to section 3 |

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| Category 2  I wish my application to be considered under Category 2 – Discretionary Bursary.  I confirm that my household income is less than £22 000 per annum.  In support of my application, I enclose the following information:   * A copy of evidence showing entitlement to means-tested benefit, or UC Award Notice confirming household income; or * Evidence of self-employment income of less than £22000 for your last accounting period.   Category 3  If you have a sudden, unforeseen financial hardship. We may have to contact parents/carers to discuss this further. This will also be awarded under the ‘discretionary’ bursary. |
| **Section 3 - To support your application, please write a statement which details what you intend to spend you bursary on, including costs. Remember that the bursary is intended for costs essential to your studies. This includes travel, equipment, resources, essential visits including oversees visits, university trips**  Section 4- Bank Details  In order for us to pay the bursary into your bank account , please provide your details below  **Please note that we are unable to pay funds into Post Office bank accounts**  Account holders name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank/Building Society; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8 Digit Account Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  Sort Code \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ |
| Section 5- Applicant Declaration  I confirm that I have read the student guidance before submitting this application  I confirm that the information I have provided on this application is correct to the best of my knowledge, and that I understand **that I must notify the school of any change of circumstance which may affect my entitlement to a bursary payment.**  I understand that condition which attach to payment of the busary  I will keep receipts to show what I have spent my bursary money on. The school may periodically ask to see these as evidence of how you have spent your funds.  I understand that if I leave before the completion of my programme of study, that I may be required to repay all or part of the amount paid to me under the Bursary Fund.  I understand that my information is being help by Aces Academy Trust in accordance with the Data Protection Act 1998 and will be shared with other bodies administering public funds to determine the support available and also for the prevention and detection of fraud in connection with this claim. Bank details are needed in order to make bursary fund payments. These are stored in a secure, lockable place and will be help for 6 years and then removedand securely disposed of.  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Sixth Form Office-

DFE Checklist done?

Award Granted?

First Payment due?

Application rejected?

Appeal lodged?