16-19 Bursary Fund Application form

Please complete each section listed below

Section 1. Details of applicant

Section 2. Eligibility Priority

Section 3. Supporting Statement

Section 4. Bank Details

Section 5. Declaration by applicant



Section 1: Details of applicant:	Male □ Female □
Full Name:	Date of Birth:
Home Address:	
Τε	əl:
Postcode: Er	mail:
Section 2: Eligibility Priority:	
This section will ask you to indicate under whapplication to be considered against. You will be required to supply to support your	
	o the description of the category under which gainst, and to confirm that you have provided cross next to one priority.)
support and disabled young per Allowance who are also in rece In support of my application I enclose either: A) Written confirmation of my current, or pure Authority who looked after me, or who pure B) A letter confirming that I am in receipt or	revious, looked-after status from the Local provided my leaving care services; or full Income Support or Employment Support
Allowance and Disability Living Allowan	ice.
Meals " To be eligible under this priority softhe following qualifying benefit Income Support, Income Base Employment & Support Allowatincome does not exceed £16'1 ion & asylum Act 1999, Guaran	or who are eligible to receive, a Free School someone in your household must be in receipt

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Category 3:
I wish my application to be considered under Priority Three; "Young people whose household income is below £20,817 per annum"
In support of my application I enclose the following information;
 A copy of entitlement to means-tested state benefit, or Tax Credit Award Notice confirming household income of less than £20,817; or Evidence of self-employment income of less than £20,817 (SA302 or certified accounts only) for your last accounting period.
Category 4:
I wish my application to be considered under Priority Four; "Young people who have been affected by a sudden, exceptional change in financial circumstances"
I have enclosed a detailed statement in support of my application.
Section 3: Supporting Statement:
Please include here information on how you intend to use your bursary payments if awarded.

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FSM checked



Section 4: Bank Details:										
In order for us to pay the burs details	sary into	o baı	nk acc	ounts	pleas	se pro	ovide	the	stuc	lents bank
Please note we are unable to make payments into post office accounts										
Account Holders Name:										
Bank/Building Society:										
8 Digit Account number:										
Roll Number if applicable:										-
Sort Code:										
Section 5: Declaration by A	nnlica	nt:								
Section 5: Declaration by A	ррпса	π.								
I confirm that I have read the this application.	Bursar	у Ро	licy an	d Prod	edur	e do	cume	nt be	efor	e submitting
I confirm that the information knowledge, and that I unders circumstance which may affe	tand the	at I r	nust no	otify m	y Po	st-16	provi	ider (
I understand that if I leave be required to repay all or part o I will notify Hinchingbrooke that may affect my entitlem	of the an	nour ol of	nt paid any c	to me hange	unde s to	er the	16 -	19 B	ursa	ary Fund.
I understand that my information Data Protection Act 1998 and winne the support available and claim. Bank details are needed cure lockable place and will be	ill be sh also for in order	ared the p to m	with ot prevent ake Bu	her bo ion and rsary f	dies a dete und p	admin ection payme	isterir of fra ents th	ng pu ud in ese a	blic con are	funds to deter- nection with this stored in a se-
Signed:	Date:									
For office use:	Catego	ry 1					Accou	nts de	pt ch	eck
Evidence seen byPhotocopy taken	Catego						Return	to	г	HAW

Category 4

email