**[](http://www.facebook.com/photo.php?pid=64192&id=500204615&op=1&view=all&subj=2204840979&aid=-1&oid=)16 to 19 Bursary Fund Application Form**

ST PAUL’S CATHOLIC SCHOOL

A Voluntary Academy

Please read the 16 to 19 Bursary Fund Policy on our website before completing this form.

We encourage parent carers and/or students to submit their applications by 18 September. This allows the School to process the applications and notify applicants of the outcomes. However, applications can be made throughout the School year. All applications will be held in the strictest confidence.

Please remember that meeting the criteria for a bursary does not automatically mean you will receive the funding. There is no guarantee of an award, you may receive a full, partial or no award based on the outcome of the panel assessment of your application.

**Personal Details**

|  |  |  |
| --- | --- | --- |
| **Students name & Date of Birth** |  | / / |
| **Person completing the forms name** |  | |
| **Relationship to student** |  | |

**Bursary & Evidence**

|  |  |  |
| --- | --- | --- |
| **I am applying for the Vulnerable Pupils’ Bursary of up to £1200 per annum** | | |
| Vulnerable pupils’ bursary | Tick | Supporting documents required |
| Student in care or care leaver. |  | A letter or email from social worker or local authority. |
| Student receives 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. |  | Supply copies of the following paperwork in the student’s name:   * Income Support or Universal Credit * Tenancy Agreement |
| 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. |  | Supply copies of the following paperwork in the student’s name:   * Disability Living Allowance or Personal Independence Payments * Employment and Support Allowance or Universal Credit |

|  |  |  |
| --- | --- | --- |
| **I am applying for a Discretionary Bursary** | | |
| Discretionary bursary | Tick | Supporting documents required |
| Student is entitled to or received Free School Meals. |  | No evidence required. |
| Student whose household receives income based means tested benefits AND/OR whose gross annual household income is below £16,190. |  | Please supply one or more of the following: Copies of…   * benefits paperwork * Universal Credit Award Notice * P60 (for the last financial year) or the last 3 months pay slips * evidence of self-employed earnings (certified accounts for the last financial year) |
| Student who has been affected by sudden exceptional changes to their financial circumstances. |  | Supporting letter from parent carer. |

The supporting documents will be stored securely and will only be used for the purpose of assessing eligibility for the 16 to 19 Bursary Fund. Documents will be retained for six years in line with ESFA guidance. Unsuccessful applicants’ details will be destroyed after 6 months.

**Please outline what you wish to use the bursary towards and the expected costs:**

Please be aware that the funding covers only this academic year and there is no guarantee that

funding will be available for future years, even if you are eligible for the current year.

**Declarations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I declare that all information and evidence that I have provided is correct and complete to the best of my knowledge and belief. I am aware that giving false or incomplete information that leads to incorrect/overpayment may result in any incorrectly paid funds being recovered. I understand this might result in a referral to the police with the possibility of facing prosecution.  By signing this declaration, I confirm agreement to all the conditions and eligibility criteria of the scheme as outlined in the 16 to 19 Bursary Fund Policy. | | | | |
| **Signature** |  | | **Date** |  |
| **Full name (in block capitals)** | |  | | |

Please return the completed application form and all supporting documents in an envelope marked ‘Bursary Application’ to the Sixth Form office.

**For College Completion**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of meeting: | |  | | | | |
| Attended by: | |  | | | | |
| Eligibility met? | |  | | | | |
| Decision | | | | | | |
|  | | | | | | |
| Outcome | | Successful / Unsuccessful | | | | |
| If successful: | Full / Partial | | Amount | £ | Ref: |  |