

JT/JL/Summer 2017

Dear Parent/Guardian

16-19 Bursary Application

Please find enclosed our application form for the 16-19 Bursary and a copy of our eligibility criteria.

If you would like to apply for the 16-19 Bursary then please complete the enclosed application form and return to me. I can assure you that your application will be treated with the strictest confidence.

Yours sincerely

A handwritten signature in black ink, appearing to read 'JT' followed by a flourish.

MRS J TURNER
Vice Principal

BRANSTON COMMUNITY ACADEMY

16-19 BURSARY POLICY 2017



Eligibility

To be eligible to receive a bursary the student must be aged under 19 on 31 August in the academic year in which they start their programme of study and must satisfy YPLA residency criteria.

To continue to receive a bursary students must satisfy the following conditions:

- 95% attendance
- Satisfactory progress
- Excellent conduct

Level 1

Eligible students include:

- Students in care, care leavers
- Students in receipt of income support or the equivalent Universal Credit
- Disabled students in receipt of employment support allowance who are also in receipt of disability living allowance.

Bursary available: £1200 paid in 6 termly instalments
(£150, £150, £300, £150, £150, £300)

Apply by completing the Bursary Application Form.

Level 2

Eligible students include:

- Students on free school meals.

Bursary available: £800 paid in 6 termly instalments
(£100, £100, £200, £100, £200, £100,)

Apply by completing the Bursary Application Form.

Level 3 (Discretionary Bursary)

Eligible students include:

Students who do not fall into Levels 1 or 2

- with a household income below £23,000
- with an identifiable financial need to cover costs of transport, books and equipment, educational trips and meals in school. (All claims must be supported by appropriate receipts/evidence.)

Bursary available: Discretionary bursaries available on an individual claim basis depending on household incomes.

Apply by completing the Bursary Application Form. A Discretionary Bursary application form will be required to make individual claims.

Level 4 (Learner Support Fund)

Eligible students include:

Students who do not fall into Levels 1, 2 or 3

- with an identifiable financial need to cover costs of transport, books and equipment, educational trips and meals in school. (All claims must be supported by appropriate receipts/evidence.)

Bursary available: Learner Support Fund is available on an individual claim basis.

A Learner Support Fund application form will be required to make individual claims.



BRANSTON COMMUNITY ACADEMY

BURSARY APPLICATION FORM

PART A - INCOME DETAILS

A1. Young Person Details

Surname/Family Name: _____

First Name: _____

Date of Birth: _____ (DD/MM/YYYY)

Address: _____

A2. Does the young person named above live with you at the address shown? **YES/NO**

A3. Is your child receiving Income Support or Universal Credit in their own right? **YES/NO**
If yes, go to A8.

A4. Is your child eligible for Free School Meals? **YES/NO**
If yes, go to A8.

A5. Is your child currently in care or a care leaver? **YES/NO**
If yes, go to A8

A6. *Fill in the details below if you are the adult(s) responsible for the young person and the young person lives with you.*

ADULT 1

ADULT 2

Surname/Family Name: _____

First Name: _____

Relationship to
young person:

- | | | | |
|---------------------------------|--|---------------------------------|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Father | <input type="checkbox"/> Step-parent | <input type="checkbox"/> Father | <input type="checkbox"/> Step-Parent |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Partner of parent | <input type="checkbox"/> Aunt | <input type="checkbox"/> Partner of parent |
| <input type="checkbox"/> Uncle | | <input type="checkbox"/> Uncle | |

Other: _____

National Insurance
Number: _____

A7. Please give details of your gross household income, including any benefits or pensions.

Adult 1

Adult 2

£ _____

£ _____

Please include a copy of **one** of the following:-

- Evidence of benefits/pension.
- P60.
- Tax credit award notice.
- Evidence of self-employment.

A8. Adult Declaration

If you give false or incomplete information, or if you do not tell us about any part of your income that is relevant, you may have to repay any bursary awarded. As part of our assessment process we will assess application forms and may ask for further evidence. If that evidence is not provided, or results in a lower award being due, we may stop any future payments and seek repayment of anything paid.

I/We have read and understood the Privacy Notice Above

I/We declare that all information given in support of this application is correct and complete to the best of my/our knowledge and belief.

I/We understand that:

- I/we share responsibility for the information given with an partner named on this form
- if the young person applying for a Bursary with this form does not keep to their Bursary Agreement, or if they leave their learning programme, they will not be eligible to receive further payments and any Bursary overpaid may need to be repaid
- the information I/we have given may be shared with other agencies or organisations, as allowed by law, for the purposes of checking this application and/or the prevention of fraud

I/We authorise the Department for Work and Pensions to disclose information regarding any benefits and allowances for the purposes of assessing an application for a Bursary.

Signed: _____

Dated: _____

REGISTRATION FORM – SECONDARY PUPILS

Please complete the information below and return this form to your school. The information will be processed by Lincolnshire County Council to check for eligibility for free school meals and additional pupil premium funding.

Parent/Guardian Details

	Parent/Guardian First Name	Parent/Guardian Surname	Parent/Guardian Date of Birth			Parent/Guardian National Insurance Number											
			DD	MM	YYYY	A	X	9	4	3	6	2	3	C			
	Michelle	Smith	06	08	1980												
1			DD	MM	YYYY												
2			DD	MM	YYYY												

Child Details

	Child's First Name	Child's Surname	Child's Date of Birth		
1			DD	MM	YYYY
2			DD	MM	YYYY
3			DD	MM	YYYY
4			DD	MM	YYYY
5			DD	MM	YYYY

Declaration

The information I have given on this form is complete and accurate. I understand that any personal information I provide on this form will be held securely on Lincolnshire County Council systems and used only for the purpose of checking free school meal eligibility. I consent to this information being used to undertake an eligibility check for free school meals which also determines eligibility for Pupil Premium. I understand that my information will be retained so that periodic checks can be undertaken.

Parent/Guardian 1 Signature:		Date:	
Parent/Guardian 2 Signature		Date:	