

Carshalton Boys Sports College



16-19 Bursary Fund Application Form 2016-2017

Section A. Personal Details

Student Name:

Age at 31st August 2016:

Address:

.....

Parents Telephone Number:

Parents Email Address:

Section B. Full Bursary (only complete this section if applying for Full Bursary)

Outline Personal Circumstances – Why are you applying for the Full Bursary?

| Eligibility Criteria | Tick as appropriate |
|---|---------------------|
| In Care | |
| Live independently having left Local Authority Care | |
| Student receiving Income Support | |
| Disabled receiving <u>both</u> the Employment Support Allowance and Disabled Living Allowance | |

You will need to produce written evidence of the above.

“Making a Difference”



Headteacher: Simon Barber

Winchcombe Road, Carshalton, Surrey SM5 1RW

Tel. 020 8644 7325 **Fax.** 020 8641 8721

Email. contact@carshaltonboys.org www.carshaltonboys.org

Section C. Educational Support Grant (only complete this section if applying for Educational Support Grant)

Explain why you are applying for additional financial support to help you in full time education.

| |
|--|
| Do you receive Free School Meals? <input type="checkbox"/> YES |
|--|

Section D Declaration

- I/We declare that the information we have given in support of this application is correct and complete to the best of my/our knowledge and belief.
- I/We will inform you immediately of any change in circumstances at any time, which might affect my entitlement to support (for example if I leave school or am no longer eligible for the funding).
- I/We understand that this information will not be shared with third party organisations, except for audit purposes.
- I/We understand that poor attendance/ (unauthorised absences), non-compliance with the Sixth Form Agreement, receiving a Formal Warning may result in loss of financial support.
- I/We understand that awards made are subject to the school receiving sufficient funds from the government (YPLA).

Section E. Signatures

Student: **Date:**

Please print name:

Parent/Guardian/responsible Adult: **Date:**

Please print name:

Please return this form with the relevant documentary evidence to Rachel Martin. All applications will be acknowledged and decisions about the award made as quickly as possible.

This application and all documents provided with it will be dealt with confidentially.

Office Use Only:

| | Date | Signed |
|---------------------------|-------------|---------------|
| Date application received | | |
| Documents provided: | | |
| Final Decision | | |
| Letter sent to student | | |