

## 16-19 Bursary Fund Application Form 2016-2017

### Section A. Personal Details

Student Name: .....

Age at 31<sup>st</sup> August 2017: .....

Address: .....

.....

Parents Telephone Number: .....

Parents Email Address: .....

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### Section B. Vulnerable Bursary (only complete this section if applying for Vulnerable 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.**

**Section C. Discretionary Bursary A, B, C (only complete this section if applying for Discretionary Bursary)**

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

<b>Discretionary Bursary</b>	<b>Tick only 1</b>
Discretionary Bursary – Band A	
Discretionary Bursary – Band B	
Discretionary Bursary – Band C	

Do you receive Free School Meals? <input type="checkbox"/> YES
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**Please note relevant evidence of household income will need to be submitted.**

**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:** .....

# Carshalton Boys Sports College



**Please return this form with the relevant documentary evidence to Sharon James. 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:

	<b>Date</b>	<b>Signed</b>
Date application received		
Documents provided		
Final Decision		
Letter sent to student		

*"Making a Difference"*



**Headteacher:** Simon Barber

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**Email.** [contact@carshaltonboys.org](mailto:contact@carshaltonboys.org) [www.carshaltonboys.org](http://www.carshaltonboys.org)