



WESTON FAVELL ACADEMY
16-19 Bursary Fund Application Form

September 2016

2016-2017

The following schools have agreed to operate to a common set of principles in relation to the allocation of funds received from the Young People's Learning Agency (YPLA):

Abbeyfield School
Kingsthorpe Community College
Malcolm Arnold Academy
Northampton School for Girls
Northampton School for Boys
Northampton Academy
The Duston School
Thomas Becket Catholic School
Weston Favell Academy

This application form applies to these schools only. If you are attending a provider not shown in this list please speak directly to the Head of 6th Form (or equivalent). Please read the supporting guidelines carefully before completing this application.

Section 1: Details of applicant		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Full Name:	Date of Birth:		
Home Address:			
Postcode:			
Home Tel:			
Mobile:			
Email Address:			
Section 2: Details of Provider and Course			
Name of Post-16 Provider:			
Address of Post-16 Provider:			
Details of Programme of study being followed:			

Section 3: Eligibility Priority:

Please indicate which priority you wish your application to be considered against. You will need to provide original copies of the relevant evidence where indicated. **Only one Priority should be ticked.**

Priority 1:

I wish my application to be considered under Priority One; **Universal Credit**, defined; young people who are looked after (in care); care leavers; young people in receipt of income support (or Universal Credit) in their own name; and disabled young people in receipt of both Employment Support Allowance and Disability Living Allowance (or Personal Independence Payments).

In support of my application I enclose either:

- A) Written confirmation of my current, or previous, looked-after status from the Local Authority who looked after me, or who provided my leaving care services; or
- B) A letter confirming that I am in receipt of Income Support or Employment Support Allowance and Disability Living Allowance.

Priority 2:

I wish my application to be considered under Priority Two; “Young people who are claiming and in receipt of a Free School Meal” also students that have been Identified as Pupil Premium.

In support of my application I authorise Weston Favell Academy, to verify this entitlement.

Signed.....Print Name.....Date.....

Priority 3:

I wish my application to be considered under Priority Three; “Young people whose annual household income is below £25,521 per annum”

- Band 1** £16,190
- Band 2** £16,190 - £20,817
- Band 3** £20,817 - £25,521

In support of my application I enclose the following information;

- Evidence of entitlement to means-tested state benefit, or Tax Credit Award Notice confirming household income of less than £25,521; or
- Evidence of self-employment income of less than £25,521 (SA302 or certified accounts only) for your last accounting period.

Signed Print Name Date.....

Section 4: How the funds will be used:

Please provide details of how the bursary funds, if awarded to you, will be used, and the estimated cost. Estimated costs will help us to ensure funds are spent appropriately and will not necessarily affect the level of payment.

Expense	Details	Estimated cost
Books and Equipment		
Fees, exam resist		
Transport costs		
Emergency accommodation and meals		
Course trips		
Interviews and open days		
Other costs (Please specify)		

Payment Details - In most cases the bursary awarded to you will be paid on a half-termly basis direct to a bank account in your name, or by cheque. Payments will not be made into another person's bank account. Cash payments may be possible in exceptional circumstances.

Please note that 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:

--	--	--	--	--	--

If you do not have a bank account or have difficulties opening an account please speak to your Head of 6th in the first instance.

Section 5: (to be completed by your Post-16 Provider)

Statement by the Post-16 Provider.

I confirm that this applicant meets the residency criteria under which a bursary may be paid.

I confirm that this applicant is enrolled on a programme of study under which a bursary may be awarded.

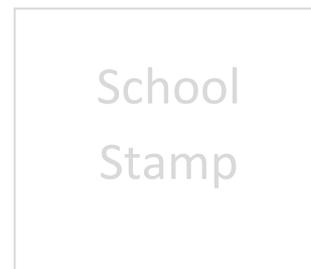
I confirm that the expenditure detailed in Section 4 is relevant and appropriate for the programme of study being followed by this applicant.

Signed:

Name:

Position:

Date:



Section 6: Learner Declaration (to be completed by all learners)

Your application will not be assessed unless you sign and date this declaration.

- I declare that all information given on this form is correct to the best of my knowledge.
- I undertake to supply any additional information that may be required to verify the information given. I understand that if I refuse to provide information relevant to my claim the application will not be accepted.
- I undertake to inform my school in writing of any changes in the information given relating to my circumstances.
- I understand that payments are subject to a minimum 96% attendance and that if my attitude towards learning, behaviour or my overall progress becomes a cause for concern then my Bursary may be at risk.
- I agree to repay in full and immediately any money paid to me if the information I have given is shown to be false or deliberately misleading.
- I am aware that any funding covers only the school year 2016/17.

Signed:Date:

Full Name (in block capitals):

For Administrative use only

Date Application received: _____ Supporting information verified: Y / N

Evidence seen by: _____ Signature: _____

Learner Reference: _____ Eligible? Y / N

Processed by: _____ Date: _____

Outcome letter completed by: _____ Posted on: _____ Signature: _____