



WESTON FAVELL ACADEMY
16-19 Bursary Fund Application Form

September 2017

2017-2018

Section 1: Details of applicantMale Female

Full Name:

Date of Birth:

Home Address:

Postcode:

Home Tel:

Students mobile:

Students email address:

Section 2: Details of Provider and Course**Name 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.

Priority 3: I wish my application to be considered under Priority Three;
 “Young people whose annual household income is below £25,000 per annum”

Band 1 £16,190

Band 2 £16,190 - £20,817

Band 3 £20,817 - £25,000

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 £25,000; or
- Evidence of self-employment income of less than £25,000 (SA302 or certified accounts only) for your last accounting period.

Declaration

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. Please note items to be ordered will be purchased by Weston Favell Academy.

Expense	Details	Estimated cost
Books (ISBN number required for ordering) and Equipment		
Fees, exam resit		
Transport costs		
Emergency accommodation and meals		
Course trips		
Interviews and open days		
Any other considerations		

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 given.

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

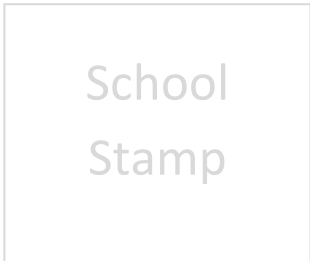
I confirm that the expenditure detailed in Section 4 is relevant and appropriate for the programme of study being followed by this applicant.

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 my bursary fund is subject to a minimum of 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 reimburse/return any purchases that have been given 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 2017/18.

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: _____