** **

**Post-16 Bursary Application Form**

*(please return this completed form along with your evidence to the Sixth Form Administrator)*

| **Full Name** |  |
| --- | --- |
| **Date of Birth** |  |
| **Full Address (inc postcode)** |  |
| **Student email** |  |
| **Parent/carer email** |  |
| **Student contact number** |  |
| **Parent/carer contact number** |  |

**I am applying for:**

**CATEGORY 1 BURSARY**

| **I am currently in / have recently left local authority care**  |  |
| --- | --- |
| **I, as the student, claim 1 or more of the following**:* Income Support
* Universal Credit
* Employment Support Allowance (ESA)
* Disability Living Allowance (DLA)
* Personal Independence Payment (PIP)
 | *(If ticked, please provide details)* |
| **I, as the student am registered as a Young Carer** |  |

**CATEGORY 2 BURSARY**

| **Gross household income of £50,000 or less a year\*** |  |
| --- | --- |
| **Parent/carer is in receipt of one of the following:*** Universal Credit
* Employment and Support Allowance
* NHS Low Income Scheme Card
* Tax Credits (less than £50,000 per year)\*
 |  |

**\*Gross household incomes up to £40,000 per year, Falmouth Sixth Form can reimburse 100% of the amount.**

**\*Gross household incomes up to £45,000 per year, Falmouth Sixth Form will reimburse 75% of the amount.**

**\*Gross household incomes up to £50,000 per year, Falmouth Sixth Form will reimburse 50% of the amount.**

**Further information / Evidence**

We require evidence that you meet all requirements before we can make an award. All evidence provided will be treated in the strictest of confidence. We will need a photocopy of the required evidence. The evidence we can accept is as follows:

**CATEGORY 1** *(please tick appropriate)*

| Evidence from the Local Authority confirming my ‘Looked After’ status |  |
| --- | --- |
| A letter from the Job Centre confirming my entitlement to Income Support / Universal Credit |  |
| A letter confirming entitlement to Employment Support Allowance |  |
| A letter confirming my entitlement to Disability Living Allowance / Personal Independence Payment (PIP) |  |

**CATEGORY 2 BURSARY** *(please tick appropriate)*

| Formal official evidence that the gross household income is below £50,000(3 months of payslips for all household income)(Universal Credit payment evidence)(Employment and Support Allowance evidence)(NHS Low Income Scheme Card evidence)(Tax Credits evidence) |  |
| --- | --- |

**Bank details for payment**

For Category 1, please provide student bank details. For Category 2, please provide parent / carer bank details.

| Bank name |  |
| --- | --- |
| Account holders name |  |
| Account number |  |
| Sort code |  |

**Declaration**

I confirm that I have read the Post 16 Bursary Policy document before submitting this application. I confirm that the information I have provided on this application is correct to the best of my knowledge, and that I understand that I must immediately notify Falmouth Sixth Form of any change in circumstances which may affect my entitlement to a bursary payment. I understand that failure to do this may mean that the school may request repayment of my award. I understand that the Falmouth Sixth Form will claim back all or some of the award made to me if I have given misleading or inaccurate information intentionally. I recognise that false statements can leave me open to prosecution. I understand that financial assistance is dependent upon meeting the criteria outlined in the Falmouth Sixth Form Bursary Policy & Procedures document. Should my attendance be unsatisfactory or I withdraw from my course early, I may be asked to pay back some or my entire award. I understand that if I leave before the completion of my programme of study, that I may be required to repay all or part of the amount paid to me under the Post 16 Bursary Scheme.

**Student Signature: …………………………………………………………………………………………………..**

**Date: ………………………………………………………….………………………………………...**

**Parent / Carer Signature: .………………………………………………………………………………………….**

**Date: ………………………………………………………………………………………………….**