

16-19 Bursary Fund Application form



Please complete each section listed below

Section 1. Details of applicant

Section 2. Details of Provider and Course

Section 3. Eligibility Priority

Section 4. How the funds will be used

Section 5. (To be completed by your Post 16 Provider)

Section 6. Declaration by applicant

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS

Section 1: Details of applicant:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Full Name: _____	Date of Birth: _____		
Home Address: _____			
Tel:.....			
Postcode: _____	Email:.....		

Section 2: Details of Provider and Course:
Details of Programme of study being followed:

Section 3: Eligibility Priority:
This section will ask you to indicate under which of the 3 agreed categories you wish your application to be considered against. You will also find information about what evidence you will be required to supply to support your application.
Please indicate with a cross in the box next to the description of the category under which you wish your application to be considered against, and to confirm that you have provided the evidence required. (Please only put a cross next to one priority.)

Category 1:
<input type="checkbox"/> I wish my application to be considered under Priority One as I am a young person in local authority care, or have recently left local authority care; or I am in receipt of Income Support, or Universal Credit, in my own name; or I am disabled and receive both Employment Support Allowance (ESA) and Disability Living Allowance, or Personal Independence Payments in my own name.
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 my benefit entitlement to the benefits listed above

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Category 2:

I wish my application to be considered under Priority Three;
“Young people whose household income is £21,000 or below per
annum”, or

Now in year 13, but was in receipt of the bursary in during year 12, and income
has increased by no more than 10% for one student or 20% for two students
enrolled at the same time.

In support of your application you **MUST** enclose the following information;

- A copy of entitlement to means-tested state benefit, P60 or Tax Credit Award Notice confirming household income of £21,000 or below;

Or

- Evidence of self-employment income of £21,000 or below (SA302 or certified accounts only) for your last accounting period.

NB: For universal credit claimants, you are able to print statements from the app
We accept emailed document to our Finance dept - email **Finance@Sawtryva.org**

Category 3:

I wish my application to be considered under Priority Four;
“Young people who have been affected by a sudden, exceptional
change in financial circumstances”

I have enclosed a detailed statement in support of my application.

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Section 4: How the funds will be used:

Please provide below details of how the bursary funds, if awarded to you, will be used, and the amount.

Please note that those students making an application under Priority 2 will not normally be eligible to claim funding for meals or transport as they should be entitled to receive a free school meal at the provider, and to assistance with transport costs in line with the County Council's Post – 16 Transport Policy.

<https://www.cambridgeshire.gov.uk/residents/children-and-families/schools-&-learning/school-transport/>

The bursary will be paid direct to your bank account subject to attendance and behaviour standards set out and published by your academy/school.

<u>Category</u>	Amount (£)
Books/equipment/specialist clothing related to the course you are following;	
Additional course costs, for example, educational trips/visits;	
Transport;	
Meals;	
Other items solely related to the course you are following please provide details	

In order for us to pay the bursary into bank accounts please provide the students bank details

Please note we are unable to make payments into post office accounts

Account Holders Name:

Bank/Building Society:

8 Digit Account number:

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Roll Number if applicable:

Sort Code:

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

Statement by the Post-16 Provider.

I confirm that this applicant meets the residency and eligibility 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 where this application is to be considered under Priority Four, that I am aware of the sudden and exceptional change of financial circumstances, and that I support this application under this Priority.

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

School Stamp:

Signed;

Name: -----

Position: -----

Date: -----

Section 6: Declaration by Applicant:

I confirm that I have read the Cambridgeshire 16 – 19 Bursary Policy and Procedure 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 notify my Post-16 provider of any change of circumstance which may affect my entitlement to a bursary payment.

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 16 -19 Bursary Fund.

I will notify the Welfare Benefits Service of any changes to my financial circumstances, that may affect my entitlement to the Bursary Fund.

I understand that my information is being held by Cambridgeshire County Council in accordance with the Data Protection Act 1998 and will be shared with other bodies administering public funds to determine the support available and also for the prevention and detection of fraud in connection with this claim. Bank details are needed in order to make Bursary fund payments these are stored in a secure lockable place and will be held for 4 years and then removed and securely disposed of.

Signed:

Date:
