



16-19 BURSARY APPLICATION FORM 2017-2018 ACADEMIC YEAR

PROTECTION OF PUBLIC FUNDS

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations that handle public funds, and with this in mind, a sample of applications will be chosen at random for full investigation.

DATA PROTECTION

The data controller is Mrs Julie McCaslin. The data you provide to St Benedict's Catholic High School will be used to assess and facilitate your entitlement to help from the 16-19 Bursary Fund. St Benedict's, in fulfilling its data protection obligations will treat all personal data, held manually and on a computerised database with due care, and will only disclose data in accordance with the Data Protection Act 1998

SECTION A: PERSONAL DETAILS

Surname/Family name

First name(s)

Date of birth

Present Home address

(if your address changes please notify us)

Telephone number

Email address

SECTION B: COURSE DETAILS

Course Name

Which year will you be in

12:

13:

SECTION C: LEARNER'S CIRCUMSTANCES

Who do you live with? Please tick all that apply:

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Parent's spouse/partner	<input type="checkbox"/> Grandparent(s)
<input type="checkbox"/> Foster parents	<input type="checkbox"/> In care / looked after	<input type="checkbox"/> Other, please explain:	

Have you always lived in the UK?

Yes

No

Do you have to pay for transport to school each day?

Yes

No

SECTION D: LEARNER INCOME

Part time job

£

weekly

Benefits

£

weekly

Other

£

weekly

SECTION E: SUPPORT REQUIRED ***I am applying for the 16-19 Bursary because I need help with the following:*** Books / Equipment Travel Clothing Food Field Trips Other _____

I am aware that I may need to confirm how I have spent this payment

Please provide details of the **support required** and **likely costs below**. Also detail any other extenuating circumstances which would help us with assessment of your claim (*continue on extra page if necessary*):

SECTION F: PLEASE TICK BELOW ONE OR ALL THAT APPLY A – I am or my family are in receipt of Free School Meals B – I am or my family are in receipt of Income Support / Jobseekers Allowance**Please provide proof e.g. benefits books or bank statement** C – Family's gross taxable income is less than £30,000 a year**Please provide a copy of the 2016/17 Tax Credit Award notice or complete your income details below and provide evidence as indicated.** D – I am disabled and in receipt of Employment Support Allowance and/or Disability Living Allowance**Please provide proof e.g. benefits books or bank statement**

SECTION G: HOUSEHOLD INCOME

Please complete all sections below which apply to your household

	Parent 1	Parent 2	Evidence – please submit with the application
Gross taxable annual salary / wages	£	£	2017 P60 or end of March 2017 payslip from each parent
Latest pay slip	£	£	Payslip from current employer
Self-employment / property income	£	£	Self-assessment tax calculation 2016-17 or certified accounts
Private / Occupational pension	£	£	Pension statement / Pension P60 2043 / Bank statement
State pension	£	£	Pension statement / Bank statement / Benefit book

If you are receiving any other benefit – please supply the requested evidence

Working Tax Credit		HMRC Working Tax Credit Award Notice
Child Tax Credit		HMRC Child Tax Credit Award Notice
Income Support / Universal Credit / any other income		Income Support/Universal Credit Award Notice
Council Tax & Housing Benefit		Council tax and Housing Benefits Award Notice

SECTION H: DECLARATION BY PARENT OR GUARDIAN

It is important that you read the following statement carefully. We will not consider this application unless it is signed and dated by the family members whose income details have been declared above in Section G.

- The information I have given on this form is accurate.
- I will inform you immediately of any change in my personal circumstances as they occur.
- I understand that if I provide false or incomplete information, I will have to repay any money given to the applicant to help with their study.

Signed : _____ Date: _____

Signed : _____ Date: _____

SECTION I: DECLARATION BY LEARNER

It is important that you read the following statement carefully:

- The information I have given on this form is accurate.
- I will inform you immediately of any change in either my own or my family's personal circumstances as they occur.
- I understand that if I provide false or incomplete information I will have to repay any money given to me to help me study

Signed : _____ Date: _____