



APPENDIX A
16-19 BURSARY FUND APPLICATION FORM 19/20
Major Awards (Over £100 and regular allowances including travel)

1 Student Details

Surname / Family name	
First name(s)	
Sex (M / F)	
Date of Birth (dd/mm/yyyy)	
Age on 31 August 2019	
You must be aged 16, 17, or 18 on 31 August 2019 to apply.	

2 Address Details

Home Address	
Postcode	
Home telephone number	
Mobile telephone number	
E-mail address	

3 School /College /Provider Details

Name of current institution	Driffield School & Sixth Form College
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4 Course Details

Full time	
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5 Personal Circumstances

Are you or have you been in the LA care system for 13 weeks or more since you were 14?	Yes / No
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Are you in receipt of Income Support	Yes / No
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Do you consider yourself disabled and in receipt of Employment Support Allowance and Disability Living Allowance	Yes / No
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Are you or have you been in receipt of free school meals within the last year?	Yes / No
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6. Household Members.

Please include all persons who live in the household, including siblings

	Student	Other household member	Other household member	Other household member
Surname				
First name(s)				
Relationship to Learner				

7. Financial Assessment – Income

To be completed by the person(s) responsible for the household bills

Student	Are you employed? (Yes / No)	If yes, please submit 18/19 P60 for details
Other household member	Are you employed? (Yes / No)	If yes, please submit 18/19 P60 for details
Other household member	Are you employed? (Yes / No)	If yes, please submit 18/19 P60 for details
Other household member	Are you employed? (Yes / No)	If yes, please submit 18/19 P60 for details

If you are not employed please tick the relevant boxes to indicate the benefit(s) you receive.

Benefit received	Student	Other household members	Other household members	Other household members
Income Support				
Employment Support Allowance				
Disability Living Allowance				
Incapacity Benefit				
Carer's Allowance				
Housing Benefit				
Council Tax Benefit				
Job Seekers Allowance				
Universal Credit				

8 Financial Assessment – Other Income

Please tick the relevant boxes to indicate all other income received into the household

Other Income	Working Tax Credit	Child Tax Credit	Child Benefit	Grants or Bursaries etc	Any other income / benefit – please specify
Student					
Other household members					
Other household members					
Other household members					

9 Evidence

Whatever you have declared in question 5 above must be backed up by evidence (photocopies accepted) in order for an assessment to be made.

The tables below show the evidence you will need to provide with your application form.

Once you have declared and identified your benefits on the application find the 'Type of Income' that applies to you in the first column and the 'Evidence Required' column will tell you what you need to provide.

Type of Income	Evidence Required	Evidence Received (Tick)	Amount
Annual Salary	P60 for tax year 2018-19 or week 52 (last week in March 2019) payslip or month 12 (March 2019 payslip)		
Income Support	Entitlement / Award letter – dated within the last 3 months - This may have been replaced with Universal credit.		
Job Seekers Allowance	Entitlement / Award letter – dated within the last 3 months - This may have been replaced with Universal credit.		
Employment Support Allowance	Entitlement / Award letter – dated within the last 3 months - This may have been replaced with Universal credit.		
Incapacity Benefit	Entitlement / Award letter – dated within the last 3 months		
Carer's Allowance	Entitlement / Award letter – dated within the last 3 months		
Housing Benefit	Entitlement / Award letter – dated within the last 3 months - This may have been replaced with Universal credit.		
Any other benefit	Entitlement / Award letter – dated within the last 3 months		
Working Tax Credit	Working Tax Credit Award Notice marked "2019-20". Must be for full year and not partial awards (FULL AWARD NOTICE). This may have been replaced with Universal credit.		
Child Tax Credit	Working Tax Credit Award Notice marked "2019-20 Must be for full year and not partial awards (FULL AWARD NOTICE). This may have been replaced with Universal credit.		
Child Benefit	Award letter or copy of bank statement showing payment		
Grants or bursaries etc	Relevant paperwork detailing entitlement and amount paid		
Any other income	Relevant paperwork – for example money received from a pension provider		
Universal Credit	Entitlement / Award letter – dated within the last 3 months		

4 Declaration

Please read the declaration below and read carefully before signing:

- 1 I declare that the statements made on this form are true and to the best of my knowledge and belief are correct in every respect. I undertake to supply any additional information that may be required to verify the particulars given. I understand that if I refuse to provide information relevant to my claim, the application will not be accepted. I also undertake to inform the Driffield School & Sixth Form College of any alteration to any of the particulars in writing. I agree to repay Driffield School & Sixth Form College in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.
- 2 It has been explained to me that evidence of my status as a young person in care or care leaver and / or that I have had access to free school meals is required. The school / college / training provider have told me that they will need to seek confirmation from the Local Authority in which I am resident and to do this my application form will be sent to that Local Authority. Confirmation of the details included within this financial assessment will be required in writing from that Local

Authority, (email communication is acceptable). I consent to this information being shared with the Local Authority for this purpose and I understand that this information will be managed in a confidential manner and used only for the purposes of this assessment.

- 3 I am aware that the funding covers only this academic year and that I must re-apply next year; there is no guarantee that I will receive funding for future years even if I am eligible for the current year.**

Signed (Student) Date

Print Name

Signed (Person 1 or 2) Date

Signed Driffield School Date: