|  |  |
| --- | --- |
| ST BEDE’S SIXTH FORM16-19 BURSARY FUNDAPPLICATION FORM2022 – 2023 |  |

#### **This form should be completed by Parents, Guardians or Carers of the Sixth Form student.**

#### **Please use this form to make an application to school for financial support from the 16-19 Bursary Fund.**

This application form can be used to request financial support for any Sixth Form student for the following reasons -

* Cost of a bus pass used to travel to and from school
* Cost of clothing to meet our dress code (£350 maximum claim per year)
* Any costs incurred for work experience/industrial placements/field trips linked to your studies
* Any specialist equipment required for school (related to your studies) such as textbooks, revision guides, art supplies or stationary equipment
* Any specific IT needs related to your studies

To be eligible to make an application for support from the Bursary Fund a student must be aged 16 or over but under 19 on 31 August 2022 at the beginning of the academic year

Students 19 or over must either:

* Be continuing on a study programme they began aged 16 to 18, or
* Have an Education, Health and Care Plan (EHCP)

Application for support can be made for students from the following defined groups -

**1.** To **Vulnerable Young People**, a fixed annual sum of up to £1200 per academic year can be paid. This is subject to students being able to prove that they meet the criteria for one of the following –

* Students are a looked after person (in care)
* Students are a Care Leaver
* Students are in receipt of Income Support
* Students are disabled and in receipt of Employment Support Allowance **and** Disability Living Allowance

**2. Discretionary** **payments** made to students who are eligible for **Free School Meals** during the school year 2022-2023.

**3. Discretionary payments** to students who are **not** eligible for free school meals but have total family income up to but not over £25,000 per year (before tax).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE BE AWARE THAT FINANCIAL SUPPORT CAN BE IN THE FORM OF A CASH REIMBURSEMENT OR IN KIND (VOUCHERS, PASSES, ETC).

FULL EVIDENCE WILL BE REQUIRED TO PROVE ELIGIBILITY AND HOUSEHOLD INCOME AND VALID RECEIPTS WILL BE REQUIRED AS PROOF OF ALL COSTS BEING CLAIMED FOR.

ALL PAYMENTS WILL BE DEPENDENT ON EXPECTED STANDARDS OF ATTENDANCE & BEHAVIOUR.

ALL PAYMENTS ARE TO BE MADE TO THE STUDENT AND HE/SHE WILL NEED THEIR OWN BANK ACCOUNT.

CASH PAYMENTS WILL NORMALLY BE IN THE FORM OF BACS PAYMENTS DIRECTLY INTO THE STUDENT ACCOUNT.

PAYMENTS MAY BE REGULAR (BUS PASS, ETC) OR ONE-OFF PAYMENTS AT ANY TIME OF THE SCHOOL YEAR.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete sections 1, 2, and 3** then submit this application with all supporting evidence to Mrs Snowdon, Sixth Form Student Support. The application will then be processed, and your eligibility will be confirmed in writing.

**Section 1** - Student details

**Section 2** - Confirmation of type of bursary claim & eligibility

**Section 3** - Claim details

**Section 4** - to be completed only by St Bede’s staff

**Section 1** - Student details

|  |
| --- |
| **STUDENT NAME: FORM GROUP: DOB:** |

|  |
| --- |
| **HOME ADDRESS INC POST CODE** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT BANK DETAILS**   |  | | --- | | **ACCOUNT IN THE NAME OF:**  **NAME OF BANK:** |      |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **SORT CODE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **BANK ACCOUNT NUMBER** |  |  |  |  |  |  |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THE PEOPLE THE STUDENT LIVES WITH** (INCLUDE PARENTS/GUARDIANS & SIBLINGS)   |  |  | | --- | --- | | NAME | RELATIONSHIP TO STUDENT | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

**Section 2** - Confirmation of type of bursary claim & eligibility

Please confirm with a tick to indicate which **one (only)** of the following eligible groups you are claiming for.

|  |  |
| --- | --- |
| **1** Looked after person (in care) |  |
| **2** Care leaver |  |
| **3** In receipt of income support |  |
| **4** Disabled and in receipt of Employment Support Allowance **and** Disability Living Allowance |  |
| **5** Eligible for Free School Meals during the 2022-23 academic year |  |
| **6** Total family income is equal to or less than £25,000 per year |  |

**Evidence Required**

**1 & 2** For students who are in care or a care leaver, written confirmation of their current or previous looked-after status from the relevant local authority. The evidence could be a letter or an email but must be clearly from the local authority.

**3** For students in receipt of Income Support or Universal Credit, a copy of their Income Support or Universal Credit award notice. This must clearly state that the claim is in the student’s name/confirm they are entitled to the benefits in their own right. The evidence must not state any conditions that prevent them from participating in further education or training.

For students in receipt of Universal Credit (UC), a tenancy agreement in the student’s name, a child benefit receipt, children’s birth certificates, utility bills etc.

**4** For students receiving UC/Employment and Support Allowance and Disability Living Allowance and Personal Independence Payments, a copy of their UC claim from DWP (UC claimants should be able to print off details of their award from their online account). Evidence of receipt of Disability Living Allowance or Personal Independence Payment, must also be provided.

**5** If you are eligible for Free School Meals, we will already have evidence of that. No further evidence is required.

**6** Where the claim is based upon the total family income being equal to or less than £25,000, the following can be used if they act a proof.

* Proof of benefits letters
* Tax credit award notifications
* P60s
* Pay slips
* Bank statements covering a certain period (e.g. the last 3 months)
* Universal Credit award notices (e.g. the most recent 3)

All evidence of household income will be processed in the strictest of confidence by the Sixth Form Lead team only.

**Section 3** - Claim details

Please indicate with a tick what you are claiming financial support for.

|  |  |
| --- | --- |
| Cost of bus pass used to travel to and from school |  |
| Cost of travel to attend university interviews or open days |  |
| Cost of clothing to meet the dress code (£350 max claim per year) |  |
| Any costs incurred for work experience/industrial placements/field trips linked to your studies |  |
| Any specialist equipment required for school (related to your studies) ) such as textbooks, revision guides, art supplies or stationary equipment |  |
| Any specific IT needs related to your studies |  |

If this claim is for a bus pass or travel to school, please state which school bus is used

|  |
| --- |
| School Bus No. |

Please add further written detail to support this claim, itemising where relevant with a breakdown of costs.

|  |  |
| --- | --- |
| **Details** | **Cost/approximate cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **TOTAL CLAIM AMOUNT** | **£** |

Please ensure that full receipts are submitted for all of the claim with this application form.

**Section 4** - to be completed by St Bede’s Sixth Form staff only

|  |  |  |
| --- | --- | --- |
| **Basic Eligibility** | **Y** | **N** |
| Student meets the age criteria |  |  |
| Student is in eligible education provision |  |  |
| Student meets the residency criteria |  |  |

|  |  |  |
| --- | --- | --- |
| **Vulnerable Groups** | **Y** | **N** |
| Student falls into the category claimed and appropriate evidence is supplied |  |  |

|  |  |  |
| --- | --- | --- |
| **Discretionary Claims** | **Y** | **N** |
| Student is eligible for FSM in current academic year |  |  |
| Sufficient evidence of total family income being equal to or less than £25,000 |  |  |

|  |  |
| --- | --- |
| **Total reimbursement to be made to student** | **£** |
| **Date BACS payment made** |  |

|  |
| --- |
| **If reimbursement is less than that claimed, why is this?** |

|  |  |
| --- | --- |
| **Claim processed by** |  |
| **Date** |  |