

## 16-19 Bursary Fund Application Form 2017/18

In September 2011 the Government introduced a Bursary Fund providing support to young people from less advantaged backgrounds, living in England, to meet the cost of participating in post 16 education and training.

If you are living in care, a care leaver, receiving income support or are disabled in receipt of Employment Support Allowance and also in receipt of Disability Living Allowance you will be eligible to receive a Bursary of £1,200 a year.

If you are eligible for free school meals or your household income is **less than** £22,000 you may be eligible for a bursary of up to £750.

The 16 – 19 Bursary Policy is available from the Finance Office and Pastoral Office or can be found on the "Parents/Policies" section of the school website.

If you need any help in completing this form you should contact the Pastoral Office. Sections 1, 2, 3 & 4 should be filled in by the student and sections 5 & 6 by parent(s)/guardian(s).

## Section 1 – Personal Details (to be filled in by the student)

| Name                          |       |        |         |
|-------------------------------|-------|--------|---------|
| Date of birth                 |       |        |         |
| Home Address                  |       |        |         |
| Postcode                      |       |        |         |
| Contact Number                |       |        |         |
| E-mail for payment advice     |       |        |         |
| Tutor Group                   |       |        |         |
| Distance from home to school  |       |        |         |
| Method of transport to school |       |        |         |
| Bus/Train Fare                | Daily | Weekly | Monthly |

**Section 2 – Personal Circumstances** (to be filled in by the student – note all applications are treated in the strictest confidence)

|  | Yes | No |
|--|-----|----|
| Are you in Local Authority care, a care leaver, or living with |     |    |
| foster parents?  |     |    |
| Are you (the student) in receipt of income support?            |     |    |
| Are you (the student) disabled and in receipt of Employment    |     |    |
| Support Allowance and also Disability Living Allowance?        |     |    |
| Have you (the student) been in receipt of free school meals in |     |    |
| last 12 months?  |     |    |

**Section 3 – Student Bank Information** (to be filled in by the student and the account **MUST** be in the student's name)

| Name of Bank or Building Society |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|
| Dulluling Society                |  |  |  |  |  |  |  |
|                                  |  |  |  |  |  |  |  |
| Branch                           |  |  |  |  |  |  |  |
|                                  |  |  |  |  |  |  |  |
| Sort Code                        |  |  |  |  |  |  |  |
|                                  |  |  |  |  |  |  |  |
| Account Number                   |  |  |  |  |  |  |  |
|                                  |  |  |  |  |  |  |  |
|                                  |  |  |  |  |  |  |  |
| Account Name                     |  |  |  |  |  |  |  |
|                                  |  |  |  |  |  |  |  |
|                                  |  |  |  |  |  |  |  |
| Roll Number                      |  |  |  |  |  |  |  |
| (Building Society                |  |  |  |  |  |  |  |
| Accounts only)                   |  |  |  |  |  |  |  |

## **Section 4 – Student Declaration**

I certify that the information I have provided is correct and that I can provide supporting evidence. I understand that it is my responsibility to inform Birmingham Ormiston Academy of any changes to my personal circumstances or if my household income increases to above £22,000. Failure to do so may result in funds being reclaimed. Fraudulent claims may be reported to the police.

| Signed | Date |
|--------|------|
|        |      |

If you live with or are financially dependent upon your parent(s) or guardian(s) and they are on low incomes then they should complete the details below.

| Section 5 – Household Income Details (to be filled in by the parent(s)/guardian(s)  |  |                 |                 |                  |         |       |  |  |
|---|--|-----------------|-----------------|------------------|---------|-------|--|--|
| Name  |  |                 |                 |                  |         |       |  |  |
|   |  |                 |                 |                  |         |       |  |  |
| Does the young  | Does the young person live with you at the address shown                                   |                 |                 |                  |         |       |  |  |
| above?  |  |                 |                 |                  |         |       |  |  |
| _   |  |                 |                 |                  |         |       |  |  |
| Do you receive  | any of th  | e following?    | •               |                  |         |       |  |  |
|   |  |                 |                 |                  | Yes     | No    |  |  |
|   | Income Support/Job Seekers Allowance/Employment & Support                                  |                 |                 |                  |         |       |  |  |
| Allowance   |  |                 |                 |                  |         |       |  |  |
| Child Tax Credit  |  |                 |                 |                  |         |       |  |  |
| Working Tax Cr  | edit   |                 |                 |                  |         |       |  |  |
| Pension Credit  |  |                 |                 |                  |         |       |  |  |
| Other income ba   | ased ben   | efit (please sp | pecify)         |                  |         |       |  |  |
| Unearned incom  | ne over f  | 300 e a Inco    | me from shar    | es rental        |         |       |  |  |
| income or inves   |  | ooo o.g. moo    | ino mom ona     | oo, romar        |         |       |  |  |
|   |  |                 |                 |                  |         |       |  |  |
| YOU MUST ATTAC  |  |                 |                 |                  | COPY    | )F    |  |  |
| THE MOST RECEI  | NI AWARL   | LETTER FRO      | M BENEFII AU    | THORITY.         |         |       |  |  |
| FOR WORKING TAX CF  |  |                 | X CREDIT YOU    | NEED TO SUPP     | LY 201  | 6/17  |  |  |
| WORKING TAX CI  | YEDII AW   | AND NOTICE.     |                 |                  |         |       |  |  |
| EVIDENCE OF SE<br>OR ACCOUNTANT   |  |                 |                 | I £22,000, SUBMI | T SA30  | 2     |  |  |
|   | ME. DI E A 6   |                 | (IDEND VOLICI   | IEDO CEDITICIO   | ۸ ۳ ۳ ۹ | \_    |  |  |
| UNEARNED INCO   |  |                 |                 |                  |         |       |  |  |
|   | TRUST, RENTAL BOOK, BANK OR BUILDING SOCIETY STATEMENTS OR SIMILAR OFFICIAL DOCUMENTATION. |                 |                 |                  |         |       |  |  |
| Do you work? Ye   | es/No  |                 |                 |                  |         |       |  |  |
| Gross Salary  |  | Adult 1         | licable         | 2)               |         |       |  |  |
| Cross Calary  |  | £               | £               | modbio           | ′/      |       |  |  |
|   |  | ~               |                 | ~                |         |       |  |  |
| DI FASE ENCLOSE   | PLEASE ENCLOSE A COPY OF YOUR P60(s) FOR 2016/17   |                 |                 |                  |         |       |  |  |
| PLEASE ENGLOSE  | ACOPT  | OF TOOK POU(    | S) FOR 2016/17  |                  |         |       |  |  |
| Section 6 - Parent(s)/Guardian(s) Declaration   |  |                 |                 |                  |         |       |  |  |
| I can confirm that  | t the infor  | mation given    | in this form is | s correct and c  | omplet  | te to |  |  |
| the best of my knowledge.   |  |                 |                 |                  |         |       |  |  |
| I understand to inform Birmingham Ormiston Academy if the household   |  |                 |                 |                  |         |       |  |  |
| income increases to above £22,000.  |  |                 |                 |                  |         |       |  |  |
| I understand that the academy has the right to make an independent check of<br>any evidence produced and that fraudulent claims may be reported to the<br>police. |  |                 |                 |                  |         |       |  |  |
| Signed  | Date   |                 |                 |                  |         |       |  |  |
|   |  |                 |                 |                  |         |       |  |  |

## **Procedure**

- Application form to be completed by the student and submitted to Reception by 30<sup>th</sup> September 2017.
- 2. You will be informed of the decision week commencing 31st October 2017 including the reasons for rejection of an application in whole or in part.
- 3. You are entitled to appeal against any decision (see Bursary Policy).

| 4. If a stu   | dent who has received finar etion of their course, they ma | ncial assistance leaves before the ay be required to repay all or part of |
|---------------|--|---|
| For Office Us | se Only  |   |
| Date          | Decision   | Letter Sent   |
|               |  |   |
|               |  |   |
|               |  |   |
|               |  |   |
| Amount awar   | ded  |   |
|               | £  | Submitted to Finance (date)   |
| Autumn Terr   | n  |   |
| Spring Term   |  |   |
| Summer Ter    | m  |   |
| Total         |  |   |
|               |  |   |
| Authorising   | Signature  |   |