



BURSARY APPLICATION FORM
16-19 year olds
2011-12

Please complete this form in **BLACK INK** and return it, fully completed **with evidence** to:
Nick Herbert (Student Services Manger) or Lauren Shukru (Welfare Co-ordinator) in the
Student Services Centre.

PLEASE READ THE ATTACHED GUIDANCE NOTES BEFORE COMPLETING THIS APPLICATION FORM AS THEY CONTAIN VERY IMPORTANT INFORMATION REGARDING ALLOCATION AND STUDENTS ELIGIBILITY FOR FUNDING

1. Personal Details

1. Full Name:	2. Current Address:	3. Parent(s) Name(s) & Address(es):
4. Date of Birth:	5. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
6. Term Time Address: (if different from above)	7. Contact Telephone No(s):	
	8. E-mail Address:	
Please detail below why and for what specific purpose you are applying for financial support through the Bursary Scheme for 2011-12: (e.g. Travel)		
9. Residency Criteria British Citizen <input type="checkbox"/> EU/EEA <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee <input type="checkbox"/> Indefinite Leave to remain <input type="checkbox"/> Other: Please Specify <input type="checkbox"/> Eligibility Criteria: Resident in the UK/EU for 3 years; Refugees are not required to meet the 3 year residency rule, if refugee status was confirmed in the 3 years prior to starting the course.		

2. Course Details

10. Please list the subjects you are studying:	
11. Course Start Date:	12. Course Completion Date:
13. What course are you on? L1 <input type="checkbox"/> L2 <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/>	14. Name of Tutor:

3. Priority Groups

<p>15. Priority Group (1). Are you (Student):</p> <p>In Care <input type="checkbox"/> Care Leaver <input type="checkbox"/> In receipt of Income Support <input type="checkbox"/></p> <p>In receipt of Employment Support Allowance/Disability Living Allowance <input type="checkbox"/></p>
<p>16. Priority Group (2). Were you (Student):</p> <p>In receipt of free School Meals in Year 11 in 2010-11:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>17. Priority Group (3). Are your parents/guardians currently in receipt of a Means Tested Benefit (Income Support, Income Based Job Seekers Allowance, Child Tax Credit (where the household income is £16,190 or less), Employment and Support Allowance or Guarantee element of State Pension Credit):</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Please be aware the College requires you to provide a photocopy of evidence of receipt of benefits. Please attach this evidence to this form)</p> <p>Please tick the box below if you are NOT going to receive EMA in 2011-12:</p> <p><input type="checkbox"/></p>
<p>18. Priority Group (4). Are your parents/guardians currently in receipt of a Means Tested Benefit (Income Support, Income Based Job Seekers Allowance, Child Tax Credit (where the household income is £16,190 or less), Employment and Support Allowance or Guarantee element of State Pension Credit):</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Please be aware the College requires you to provide a photocopy of evidence of receipt of benefits. Please attach this evidence to this form)</p> <p>Please tick the box below if you ARE going to receive EMA in 2011-12:</p> <p><input type="checkbox"/></p>
<p>19. Priority Group (5). Has your family experienced a recent redundancy, change in financial circumstances and/or change in personal circumstances (in the past 12 months).</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>And/or are you (Student):</p> <p>A Young Parent <input type="checkbox"/> A Young Carer <input type="checkbox"/> Not been in Education, Employment or Training (NEET) for more than 26 weeks <input type="checkbox"/></p>

4. Funding Requirements

20. Please state the financial assistance you need to support yourself on your course:		
Travel	£	per academic year
Course Costs	£	per academic year
Books and Equipment	£	per academic year
Exam Re-sits	£	per academic year
Trips	£	per academic year
Domestic Emergencies	£	per academic year

5. Income Details (see notes for guidance)

21. Will you, the applicant, receive any income during the academic year **other than** from P-T employment or EMA payments?

Yes No

If yes, please specify the source of income and the expected amount:

Source: _____ Amount: £ _____ per week/month/year

6. Additional Information

22. Please use the space below to give any additional information that you feel is relevant to support your application:

7. Student and Parent/Guardian Declaration

23. The declaration below must be signed by all students **and** paren(s)/guardian(s) if income details have been provided.

I/we certify that the information given is, to the best of my/our knowledge and belief correct and I/we undertake to inform the College immediately if I, the applicant decide to leave my course. I/we understand that if the applicant leaves their course of study before completion, the college will attempt to re-claim any monies allocated.

I/we understand that it may be necessary for student services to use information given or share the information provided within the College to prevent and detect fraud.

Students Signature:.....Date: / /

Parent/Guardian's Signature.....Date: / /

Application assessed by NJH LDS

Evidence of actual spend against application seen