



APPLICATION FORM FOR 16-19 BURSARY AND FREE COLLEGE MEALS

Please note the following important information:

- You should read the 16-19 Bursary Fund and Free College Meals Guidelines for 2018-19 to make sure you are eligible to apply.
- Please complete all sections of the form and provide us with copies of the evidence we need. Your application will not be assessed without the correct evidence.
- **The initial closing date for applications is Friday 7th December.** This deadline may be extended if we have funds available after this date.
- The budget we have available is limited so we cannot guarantee that we will be able to provide you with the financial support you request.
- **Payments of all bursaries are dependent on you maintaining attendance of 90% or above on all your courses and behaving appropriately in College.**

When you have completed this form please return it, fully completed **with evidence**, to **16-19 Bursary, Student Services Centre, BHASVIC, 205 Dyke Road, Hove, East Sussex, BN3 6EG**

For Office Use Only:

Student Number:

Date Received:

Approved & Ready to Assess:

Additional Information Shared:

Incomplete:

Not Activated:

Withdrawn:

Awaiting Evidence:

Not eligible:

A1

A2

Distance from College:

Course Charges:

SECTION 1: PERSONAL DETAILS

Full Name of Student:

Date of Birth:

Gender: Male Female

I use a different word for my gender: _____

Your current address:

Your parent(s) / carer(s) name(s) and address(es):

Email Address: We will always use your BHASVIC email address to communicate with you about your bursary. Please check your BHASVIC email regularly.

Your Telephone Number(s):

SECTION 2: FUNDING REQUIREMENTS (please answer all questions)

There may be other costs which occur throughout the year e.g., College trips, exams re-sits or travel to university/employment interviews. We appreciate that you may not know these costs at the time of completing this application so at present we will only consider support in relation to the questions asked above. If you have other College-related costs in the future, then you will need to contact Student Services. You can either drop in to the Student Services Centre or email us at studentservices@bhasvic.ac.uk

I live more than 2 miles from College and would like help with my travel costs. Yes No

If you live outside of Brighton & Hove, please tell us how you intend to travel to college:

Bus Train Other _____

If you intend to travel **by train**, please tell us the name of the station you will be travelling from: _____

I am/will be studying a sports-related course and would like to apply for the cost of my sports kit.

Yes No

I am/will be studying course(s) with charges and would like help with this. Yes No

I would like to apply for support with food costs. I have included evidence that I fall into Target Group 1 (Free College Meals) or Target Groups 6 or 7 with this application form.

Yes No

SECTION 3: COURSE DETAILS

Which subjects do you plan to study in 2018/19:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

SECTION 4: RESIDENCY

Please select which of the following applies to you:

British Citizen EU / EEA Citizen Asylum Seeker Refugee

Have you been resident in the UK or EU/EEA for the last 3 years? Yes No

SECTION 5: GUARANTEED BURSARY

Are you (the student): *Please only tick a box if you are answering "yes"*

In Care A Care Leaver In receipt of Income Support / Universal Credit

In receipt of Employment Support Allowance or Universal Credit (with limited capability to work element) **and** Disability Living Allowance or Personal Independence Payment

If you have ticked any of the boxes above please go straight to section 8 of this application. If the above does not apply to you please continue to Section 5.

SECTION 6: DISCRETIONARY BURSARY & FREE COLLEGE MEALS

You only have to provide evidence for **one** of the target groups **but please tick all that apply**. If you live between two or more addresses, please provide answers for the address you live at most of the time.

Are you, or your parent(s)/carer(s), in receipt of one or more of the following benefits:
Please tick all that apply

Income Support

Income Based Job Seekers Allowance

Child Tax Credits (whilst not receiving Working Tax Credits) with a gross annual income of no more than £16,190

Target Group 1

Income Related Employment and Support Allowance

Guaranteed Element of State Pension Credit

Universal Credit

Support under part VI of the Immigration and Asylum Act 1999

Working Tax Credit Run On (paid for the 4 weeks after you stop qualifying for Working Tax Credit)

Target Group 2	<p>Are you, or your parent(s)/carer(s), in receipt of one or more of the following benefits:</p> <p>Working Tax Credit with a gross household income of under £27,000pa <input type="checkbox"/></p> <p>Housing Benefit or Local Housing Allowance <input type="checkbox"/></p> <p>Council Tax Reduction Scheme <input type="checkbox"/></p> <p>Carer's Allowance <input type="checkbox"/></p>
Target Group 3	<p>Are you, or you parent(s)/carer(s) <u>not</u> in receipt of one of the benefits listed in Target Groups 1 or 2 but are employed or self-employed with a gross household income of less than £27,000pa?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Target Group 4	<p>Has your parent(s)/carer(s) been affected by redundancy in the last 6 months?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Target Group 5	<p>Are you a young parent?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Target Group 6	<p>Are you a young carer?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Target Group 7	<p>Are you currently of No Fixed Abode. For example, students who are Travellers, living in emergency accommodation, homeless or insecurely housed?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Target Group 8	<p>Do you receive Disability Living Allowance or Personal Independence Payment in your own name, or have an Education, Health and Care Plan?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

SECTION 7: BANK DETAILS

Please fill this section in carefully and ensure the information you provide to us is accurate. The details given here must relate to your own bank account (the student's) and not a third party.

Name of Account Holder

Address of Account Holding Branch

Sort Code (6 numbers)

<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>
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Account Number (8 numbers)

<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>
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Type of Account
e.g., current or savings

SECTION 8: ADDITIONAL INFORMATION

Please use this space here to give us any additional information you think may support your application (for example, household circumstances or benefits received that are not described on page 3):

SECTION 9: STUDENT & PARENT/CARER DECLARATION

This declaration must be signed by all students. If the income evidence provided belongs to parent(s)/carer(s) then we must also have a parent/carers signature.

I/we certify that the information given is, to the best of my/our knowledge and belief, correct.

I/we understand that payments may be delayed or stopped if I do not maintain the minimum BHASVIC requirement of at least 90% attendance on all my courses.

I/we undertake to inform the College immediately if I, the applicant, decide to leave my course(s).

I/we understand that if the applicant leaves their course of study before completion, the College may attempt to re-claim any monies allocated.

I, the applicant, understand that the parent(s)/carer(s) named on the front page of the application may be contacted regarding the information provided within this form.

I, the applicant, understand that the College may need to contact outside agencies to support this application.

I/we understand that the fact that I am claiming bursary support may be shared with other departments in the College.

Student's Signature Date: / /

Parent/Carer Signature Date: / /

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