**16 – 19 Bursary Fund Application Form**

**Upton Hall School FCJ**

**(please see guidance notes to assist with application)**

**Please use Capital Letters and Black Ink**

|  |  |
| --- | --- |
| **Part 1: Student Details** |  |
| Forename |  |
| Middle Name(s) |  |
| Surname |  |
| Date of Birth |  |
| Age on 31 August 2020 |  |
| Home Address |  |
|  |  |
| Postcode |  |
| Telephone Home: |  |
|  Mobile:  |  |
| Email Address |  |

|  |
| --- |
| **Part 2: Parental Contact Details** |
| Title |  |
| Forename |  |
| Surname |  |
| Relationship  |  |
| Address |  |
|  |  |
| Postcode |  |
| Telephone Home: |  |
| Mobile: |  |
| Email Address |  |

|  |
| --- |
| **Part 3: Household Details** |
| **The parent, or student if living independently, is required to state who you live with and their relationship to you** |
| Name | Relationship to youe.g. mother, father, brother, sister , partner, etc. | Age if under 16 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Part 4: Circumstances** |
| If any of the following circumstances apply to you, you may be eligible to a Vulnerable Bursary, please tick the appropriate box: |
| You are 16-19, live independently and claim Income Support or Universal CreditYou are looked after by the Local AuthorityYou are a Care Leaver, ie are no longer in the care of the Local AuthorityYou are 16-19, a parent and receive Income Support or Universal CreditYou are 16-19 and receive Income Support or Universal Credit for any reasonYou are disabled and in receipt of Employment Support Allowance You are disabled and in receipt of Universal Credit or Personal Independence Payments in your own right |
| If any of the following circumstances apply to you, you may be eligible to a Discretionary Bursary, please tick the appropriate box: |
|  You are in receipt of free school meals  Household on low income (below £25,000)  Other exceptional financial circumstances |
| Please indicate the help you require by ticking the appropriate boxes: |
|  Travel costs Essential course costs (books, equipment, materials, etc.) Course related trips Uniform  Please tick all boxes that apply to this application. If your request relates to the use of equipment or books, you will be required to sign an agreement confirming that the items will be returned to the School after use. |

|  |
| --- |
| **Part 5: Declaration of Residency** |
| I declare that I have been a resident of the UK for at least three years |
| Signature of Student |
| Confirmed by School |

|  |
| --- |
| **Part 6: Income Details (For Household)** |
| Please indicate which of the following benefits/income you are currently in receipt of. Please send one or more of these as evidence of the household income. |
| Type of Income | Yes/No | Evidence required |
| **A** | Income Support |  | An award letter which is less than 3 month old on the date of application |
| **B** | Universal Credit |  | 3 most recent monthly award statements |
| **C** | Working Tax Credit/Child Tax Credit |  | Pages 1-4 of your most recent Tax Credit Award |
| **D** | Income-based Employment and Support Allowance (ESA) |  | An award letter which is less than 3 months old on the date of application |
| **E** | Other Benefits/Pensions (specify) |  | An award letter which is less than 3 months old on the date of application |
| **F** | Earned income with no additional benefits |  | Include last 3 monthly wage slips or last 6 weekly wage slips or 4 fortnightly wage slips |
| **G** | Self-employed earnings with no additional benefits |  | Audited accounts or official tax return |

|  |
| --- |
| **Part 7: Payment Details (BACS)- Students Bank Account Details** |
| Name of Bank |  |
| Account Holder’s Name |  |
| Account Number |  |
| Sort Code |  |

|  |
| --- |
| **Part 8: Declaration** |
| I certify that the information given above is correct and understand that the School has the right to reclaim any funds and equipment costs, if I am found to have provided incorrect information or my daughter does not complete the course. It is my responsibility to inform the school of any change in my financial circumstances likely to affect my/my daughter’s eligibility for this bursary. |
| Signature of parent (or student if living independently) |  |
| Date |  |

**Please return this form to:**

**Director of Business**

**Mrs K Spiby**

**Upton Hall School FCJ**

**Upton**

**Wirral**

**CH49 6LJ**

|  |
| --- |
| **For Office Use Only** |
| **Completion by Director of Business** |
| Application AcceptedApplication RejectedReason....................................................................................................................................................................................................................................................................................................................... |

|  |
| --- |
| **Authorisation by Director of Sixth Form** |
| This will be assessed on a monthly basis. Payments will be subject to students having met an attendance target of 97% and a report from teachers to indicate that deadlines have been met and work is up to date.AttendanceAchievement |
| Comment |  |
| Signature |  |
| Date |  |