



Form 1 - Bursary Claim Form for Academic Year 2018/19

Learner Details (Part A)	- to be completed by the learner in BLOCK	CAPITALS	
Surname/Family Name			
First Name(s)			
Date of Birth			
Age on 31/08/2018	Years Months		
Address			
-			
Town/City			
County			
Postcode			
1. Do you live separately from a	adults who take care of you?	Yes	No
	re, a care leaver or living with foster parents?	Yes	No
3. Are you personally currently own name?	Yes	No	
4. Are you a disabled young per Disability Living Allowance (c	Yes	No	
5. Are you a parent yourself wh	Yes	No	
6. Were you in receipt of Bursa	Yes	No	
7. If you answered 'Yes' to que	stion 6, what was the monthly amount of your Bursary?	£	
name, sort code, account number Full name of Account Holder	Society details atement, letter or form from your bank or building socie er, roll number (if applicable) and home address. bears on your cash or debit card or statement	ety that shov	vs your
Name of Bank/Building Society			
Branch Address			
Sort Code		-	
Account Number			
	the same as your cash/debit card number; you can find t account numbers are 8 digits long . If you are unsure, y		
Roll Number (if applicable)			
	g society account, enter the roll or reference number (if applico include any hyphens (-) or slashes (/) that are shown as part o	-	is exactly





	-	-	-	eted by the p ne student is l		-	•	
If the studen group then ti financial info	t answered ' ick this box a rmation.	YES to qu and you r	estion 1,2,3 or nay progress sti	4 overleaf and so raight to Part C w evidence that	is in the vithout d	priority eclaring a	1 any	
	-			of acceptabl	-	•		
-	onfirmation	that the		en awarded Free			, 	
Your total	income (fo	or any pa	rent/carers nor	mally resident w	ith the s	tudent)		
Pre-tax Earned Income	£ a year		Working Tax Credit	£ a year		nild Tax redit	£ a yea	ar
_	8. If you a SA302.	are not	in receipt o	: for 2018/19 of tax credits n cannot be proc	please	enclos thout pr	e P60 oof of) or if self-
Adult 1								
Adult 2								
Please ent	er the ann	ual amo	ount for each	adult against	the be	nefit lis	ted b	elow
Benefit					Adul	t 1		Adult 2
Income Supp								
Incapacity be		• 11			_			
	Income-based Jobseekers Allowance							
	Income-related Employment and Support Allowance							
Support under Part VI of the Immigration & Asylum Act Guarantee element of State Pension Credit								
				P4 you should	 d on al a			onv of your
-				B4 you should		-	10100	Lopy of your
letter sho	-			nt of benefit			<i></i>	
	Y	our appl	ication cannot	be processed wit	nout pro	ot ot be	nefit.	





Privacy Notice and Declaration (Part C)

The information you provide on this form will not be passed to any other organisation and will only be used to assess your eligibility for an award from the 16 -19 Bursary scheme.

In signing this form you are agreeing that you have understood the Privacy notice and the conditions laid out in the Bursary Funding Statement and you are making a declaration that the information given on the form is correct and complete to the best of your knowledge and belief.

Signed	(student)	Date			
Signed	(parent/carer)	Date			
Please return to the Student Support Leader at your Home Academy.					

OFFICE USE ONLY

Date Received	Date Processed	Signed

Bursary agreed:	Yes	No	Amount Agreed: £
Priority:	1 2 3	4 5 6	UPN:
SIMs updated:			Added to payment spreadsheet

anel decision if required	
utcome of panel meeting:	
ate:	