**16 – 18 Bursary**

Academic Year 2020-2021

**PLEASE READ THE ENCLOSED ELIGIBILITY INFORMATION**

**& GUIDANCE NOTES BEFORE COMPLETION**

**PART A – TO BE FILLED IN BY THE YOUNG PERSON**

**PART B – TO BE FILLED IN BY THE PARENT(S)/GUARDIAN(S)**

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**PART A – TO BE FILLED IN BY THE YOUNG PERSON**

Part A – Section 1 – Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Forename** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of birth** |  | **Age** |  | **Nationality** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you been resident in the UK/EEA for the last 3 years?** | **YES** |  | **NO** |  |

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| --- | --- | --- | --- | --- |
| **Are you an Asylum Seeker?** | **YES** |  | **NO** |  |

|  |  |
| --- | --- |
| **Home Address** |  |

|  |  |  |
| --- | --- | --- |
| **EMAIL ADDRESS:** | **Postcode** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone** |  | **Mobile** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate who you live with** | **Parents** |  | **Relatives** |  | **Other** |  | **Unknown** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you ever been in care?** | **YES** |  | **NO** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you a care leaver?** | **YES** |  | **NO** |  |

|  |
| --- |
| **If living on your own, please indicate how you support yourself financially** |
|  |

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| --- | --- | --- | --- | --- |
| **Are you a parent who has responsibility for a child?** | **YES** |  | **NO** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you previously received Bursary?** | **YES** |  | **NO** |  |

Part A – Section 2 – **Student** Bank Information **(You MUST attach evidence of account)**

|  |  |
| --- | --- |
| **Full name of Account Holder** |  |

|  |  |
| --- | --- |
| **Name of Bank/Building Society** |  |

|  |  |
| --- | --- |
| **Branch** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sort Code** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Account Number** |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Roll number (if applicable) (Building Soc. Accounts only)** |  |  |  |  |  |  |  |  |  |  |  |

**PLEASE ENCLOSE EVIDENCE OF BANK ACCOUNT SUCH AS**

**A LETTER FROM BANK/BANK STATEMENT.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of student** |  | **Date** |  |

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**PART B – TO BE FILLED IN BY THE PARENTS OR GUARDIANS**

Part B – Section 1 – Eligibility Check

(You MUST attach a photocopy of a recent Bank Statement / Letter from Benefit Authority)

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| --- | --- | --- | --- | --- |
| **Does the young person live with you at the address shown?** | **YES** |  | **NO** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you claim Child Benefit for the young person?** | **YES** |  | **NO** |  |

**PLEASE ENCLOSE EVIDENCE OF CHILD BENEFIT SUCH AS A RECENT**

**BANK STATEMENT OR LETTER FROM BENEFIT AUTHORITY**

Part B – Section 2 – Income Details

|  |
| --- |
| **DP PARENT(S) / GUARDIAN(S) CLAIM ANY OF THE FOLLOWING BENEFITS? (PLEASE TICK AS APPROPRIATE)** |

|  |  |
| --- | --- |
| **Income Support** |  |

|  |  |
| --- | --- |
| **Employment & Support Allowance (Income Related)** |  |

|  |  |
| --- | --- |
| **Working Tax Credit** |  |

|  |  |
| --- | --- |
| **Child Tax Credit** |  |

|  |  |
| --- | --- |
| **Job Seekers Allowance (Income Based)** |  |

|  |  |
| --- | --- |
| **Pension Credits (Minimum Guarantee Credit)** |  |

|  |  |
| --- | --- |
| **Other Benefits** |  |

|  |  |
| --- | --- |
| **Please specify other benefits** |  |

**YOU MUST ATTACH EVIDENCE OF RELEVANT BENEFIT – E.G. A PHOTOCOPY OF RECENT**

**LETTER FROM BENEFIT AUTHORITY / BANK STATEMENT. FOR WORKING TAX CREDIT OR CHILD**

**TAX CREDIT YOU NEED TO SUPPLY YOUR FULL 2020 / 2021 WORKING TAX CREDIT AWARD NOTICE.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do parent(s) / Guardian(s) work?** | **YES** |  | **NO** |  |

|  |  |  |
| --- | --- | --- |
| **Please outline Gross Annual Income** | **Adult 1** | **Adult 2** |
|  | **£** | **£** |

**PLEASE ENCLOSE A COPY OF P60 FOR 2019 / 2020**

Part B – Section 3 – Signature of Parent / Guardian

I can confirm that the information given in this form is correct and complete to the best of my knowledge. I understand that the College has the right to make an independent check of any evidence produced and such action as is deemed appropriate in the event of any information I have given being proven to be incorrect or false.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Parent / Guardian** |  | **Date** |  |

|  |
| --- |
| **\*\*\*\*\*\*\*\*\*\*\*\*\*HAVE YOU REMEMBERED TO ENCLOSE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*:** |

|  |  |
| --- | --- |
| **Evidence of bank details from young person** |  |

|  |  |
| --- | --- |
| **Evidence of child benefit from Parent(s) / Guardian(s)** |  |

|  |  |
| --- | --- |
| **Evidence of relevant benefit or proof of household income** |  |

**PLEASE CHECK THAT YOU HAVE ANSWERED EACH SECTION FULLY.**

Once complete with evidence please send to:

**Finance Office**

**St. Robert of Newminster Catholic School and Sixth Form College,**

**Biddick Lane, Washington, NE38 8AF**

For Office Use only

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**EVIDENCE CHECK**

|  |  |
| --- | --- |
| **Young person’s Bank Evidence - attached** |  |

|  |  |
| --- | --- |
| **Parent(s) / Guardian(s) proof of Child Benefit - attached** |  |

|  |  |
| --- | --- |
| **Address confirmed as the same** |  |

|  |  |
| --- | --- |
| **Parent(s) / Guardian(s) proof of Benefit / Income - attached** |  |

|  |  |
| --- | --- |
| **Initials of Means Tested Benefit Claimed (if applicable)** |  |

|  |  |
| --- | --- |
| **Total Household Income (if applicable)** |  |

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Eligibility Check

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| --- | --- | --- | --- | --- |
| **Does the Young Person receive EMA?** | **YES** |  | **NO** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is the young person eligible for Free School / College Meals?** | **YES** |  | **NO** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is Young Person’s travel distance more than half a mile?** | **YES** |  | **NO** |  |

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Award Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Application Number** |  | **Date Processed** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Amounts Awarded** |  | **Categories of Support** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Categories of Support** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Categories of Support** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Awarded** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessed by** |  | **Date** |  |

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Payment Plan

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| --- | --- | --- | --- | --- | --- |
| **Initial BACS Payment** |  | **Instalment @** | **£** | **=Total** | **£** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monthly BACS X** |  | **Instalment @** | **£** | **=Total** | **£** |

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Additional Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Withdrawal Date** |  | **Further Information** |  |

|  |  |
| --- | --- |
| **End of Academic Year – Total Paid** | **£** |