



Bishop Milner Catholic College

APPLICATION FORM 16-19 BURSARY FUND 2020-21

Application for the fund will fall into 4 categories:

Level 1	Level 2	Level 3	Level 4
Any Student:- <ul style="list-style-type: none">• In care• Care leavers• In receipt of Income Support/Universal Credit• Students in receipt of Disability Living Allowance and Employment Support Allowance/Personal Independence Payment• Unaccompanied asylum seeker	If the annual household income (including tax credits) is £16,190 gross per annum or less.	If the annual household income (including tax credits) is between £16,191 and £25,000 gross.	If the annual household income (including tax credits) is above £25,000 special consideration maybe given.

The college reserves the right to change the threshold for applications for the 16-19 Bursary depending on the number of applications received and funds available.

The amount awarded will depend on the number of applications received and funds available.

Which category are you applying for:-

- 1 Please complete section A, C & D
- 2 Please complete section B, C & D
- 3 Please complete section B, C & D
- 4 Please complete section B, C & D

**For Office Use
Date Received:**

The Student's Details

Student Name: _____

Candidate No: _____ *(If Known)*

Address: _____

Post Code: _____

Home Tel: _____ Mobile: _____

Date of Birth: _____

Part A

To be completed by students applying for **Level 1**

Which category do you fall into?

- In Care** (as evidence please provide a letter from your social worker/extra mile worker confirming this).
- Care Leaver** (as evidence please provide a letter from your social worker/extra mile worker confirming this).
- In receipt of Income Support/Universal Credit** (as evidence please provide a copy of letter from the Job Centre confirming Income Support/Personal Independence Payment).
- In receipt of Employment Support Allowance AND Disability Living Allowance/Personal Independence Payment** (as evidence please provide copy of letters from DWP)
- Unaccompanied asylum seeker (as evidence please provide documentation from the Home Office).

Now complete **Part C**

If you do not fall into any of the above categories then you are not entitled to Level 1 Bursary Fund.

Part B

To be completed by the parent/carer of students applying for Level 2, 3 or 4 Bursary Fund.

	Adult 1	Adult 2
Please state relationship to student – e.g. parent/carer		
Your first name		
Your surname		
Your address		
Postcode		
Home Tel. No.		
Mobile No.		

Your Household Income

Income for Adult 1		
Type of Income	Yes/No	Evidence Required
Working/Child Tax Credit or Universal Credit		Page 1-4 of your 2020/21 Tax Credit Award Notice or Universal Credit Award Notice
Earned Income		P60 Tax Year ended 2020 or last 3 consecutive pay slips
Self Employed Income		Most recent audited accounts or SA302 form
Income Support		Award letter which is less than 6 months old confirming amount
Jobseeker's Allowance		Entitlement/Award letter which is less than 6 months old confirming amount
Employment Support Allowance		Award letter which is less than 6 months old confirming amount
Disability Living Allowance/Personal Independence Payment		Award letter which is less than 6 months old confirming amount
Pension Income		Please provide evidence dated within the last 6 months of amount
Other		Please provide evidence dated within the last 6 months of amount

Income for Adult 2		
Type of Income	Yes/No	Evidence Required
Working/Child Tax Credit or Universal Credit		Page 1-4 of your 2020/21 Tax Credit Award Notice or Universal Credit Award Notice
Earned Income		P60 Tax Year ended 2020 or last 3 consecutive pay slips
Self Employed Income		Most recent audited accounts or SA302 form
Income Support		Award letter which is less than 6 months old confirming amount
Jobseeker's Allowance		Entitlement/Award letter which is less than 6 months old confirming amount
Employment Support Allowance		Award letter which is less than 6 months old confirming amount
Disability Living Allowance/Personal Independence Payment		Award letter which is less than 6 months old confirming amount
Pension Income		Please provide evidence dated within the last 6 months of amount
Other		Please provide evidence dated within the last 6 months of amount

Please Note: Legible photocopies of all documents are required. They will be kept for audit purposes and cannot be returned. **Please do not send originals.**

Part C

Declaration

- I/We confirm that I have exercised my eligibility to other forms of financial support before pursuing this application for 16-19 Bursary Fund.
- I/We have read and understood the guidance notes supplied with this application form, and the information I have provided is a true reflection of my current financial status.
- I/We share responsibility for the information given with any partner named on this form.
- I/We take full responsibility of informing the college immediately should my/our financial status change.
- I/We understand that should the student leave their learning programme they will not be eligible to receive further payments and overpayments may have to be repaid.
- I/We understand the information may be shared with other agencies or organisations, as allowed by law for the purposes of checking this application and/or the prevention of fraud.
- I/We acknowledge that the young person is eligible for 16-19 bursary Funds on residency grounds and can provide suitable evidence of proof if required.
- I/We understand that funding covers only this college year, and that I must re-apply next year.

Signed by Student: _____

Print Name: _____

Today's Date: _____

Signed by Parent/Carer 1: _____

Print Name: _____

Today's Date: _____

Signed by Parent/Carer 2: _____

Print Name: _____

Today's Date: _____

At no time will your personal information be passed to organisations for marketing or sales purposes and the college complies with GDPR.

If you are dissatisfied with the outcome of your application and you wish to appeal against the decision that has been made then you must contact the Finance Department in writing within seven working days of being advised of the decision to declare that you are going to appeal/complain against their decision.

NB. The college reserves the right to amend/update the application form/policy & procedures during the academic year 2020/21.

Part D

**To be completed for all applications
Bank Account MUST be in the students' name**

Student Name _____

Candidate Number _____

STUDENT BANK DETAILS	
Account Name	
Name of Bank	
Branch Address	
Sort Code	
Account Number Must be an 8 digit number	

Application Approved By	
FSU	
Date	

Appendix A

Details of Claim

Level 1 – Estimated support available Bus pass, curriculum trips, equipment, books, assistance with exam and UCAS fees, assistance with travel to higher education interviews
Level 2 – Estimated support available Bus pass, curriculum trips, equipment, books, assistance with exam and UCAS fees
Level 3 – Estimated support available Bus pass if living 1 mile or further away from college, curriculum trips, books
Level 4 – Estimated support available Bus pass if living 1 mile or further away from college

Please complete, sign and return the application form, supporting evidence and the contract to Miss D Burton.

Students are encouraged to apply as soon as possible. The deadline for initial applications is 25 September 2020 (or within 2 weeks of your start date if you begin college later in the year) to be eligible for support during the 2020-21 academic year.

Applications received for the bursary will be processed on a priority basis.

BISHOP MILNER BURSARY FUND STUDENT CONTRACT

In order to receive financial support towards the cost of educational expenses, you must agree to follow the terms of the contract detailed below. Failure to do so may result in the removal of any financial support for the following academic term.

- I will work to the best of my ability to complete the courses I have chosen, and to meet the work deadlines set.
- I will attend all timetabled lessons, support lessons, tutor periods and other events the college requires me to attend.
- I understand that if I am ill a Parent/Carer will call the Attendance Officer by 10.00 am on the day of absence. A Leave of Absence form **MUST** be completed and signed by Miss Burton **IN ADVANCE** for any other absence.
- I accept that the college will determine what is an acceptable reason for absence.
- I understand that if my attendance rate drops below 90% or my punctuality gives cause for concern payments may be affected.
- I understand that college is a place of work, and that I must behave in a way which respects the rights of others and which is neither rude, disruptive nor unsafe.
- **I understand that if I fail to meet the terms of this contract the college may withhold, reduce or retain all or part of my grant payments.**

Student Name (Block Capitals): _____

Signature of Student: _____ Date: _____

Signature of Parent (1): _____ Date: _____

Signature of Parent (2): _____ Date: _____