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| **16-19 Discretionary Bursary Fund Application**  **2022/23** |

**Please ensure you have read the 16-19 Bursary policy statement in conjunction with this form.**

**This form must be returned via email to** [**bursary@hslc.co.uk**](mailto:bursary@hslc.co.uk) **with all requested documents, applications will not be processed until all supporting evidence is received.**

**Section 1 – To be completed by all students**

**Student Details**

|  |  |
| --- | --- |
| Surname |  |
| First name(s) |  |
| Date of Birth (dd/mm/yyyy) |  |
| Age on 31st August 2022 |  |
|  | **You must be aged 16, 17, or 18 on or before 31st August 2022 to apply.** |

**Bank Details**

|  |  |  |
| --- | --- | --- |
| Bank Details | Bank Name | Account Name |
| Sort Code | Account Number |
| Paypal email address for payments |  | |

**Course Details**

|  |  |
| --- | --- |
| Full time / Part time / guided learning hours per week |  |

**Section 2 – To be completed by all Students**

**Which bursary are you applying for?**

Please complete either part 1 or 2

|  |  |  |
| --- | --- | --- |
| **Part 1: Vulnerable Student bursary** | | |
| Payment of £1200 in instalments in arrears during term time only | | |
| **Eligible groups for this bursary:** | **Tick** | **Supporting evidence required** |
| Young person in care or care leaver |  | Please attach supporting letter from your key worker or social worker |
| Young person in receipt of income support |  | Please attach benefits paperwork dated within the last 6 weeks |
| Young person in receipt of Employment Support Allowance and Disability Allowance |  |
| Young person in receipt of Universal Credit. |  |

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| **Part 2: Discretionary bursary** | | |
|  | | |
| **Eligible groups for this bursary:** | **Tick** | **Supporting evidence required** |
| Living in a household with an annual income below £15,000 (including benefits) before tax and national insurance |  | A parent or carer in your household must complete the financial assessment at section 3.1, and attach any evidence listed within the assessment. Once the form has been completed and all evidence has been attached email it to [bursary@hslc.co.uk](mailto:bursary@hslc.co.uk) |
| Living in a household with an annual income below £21,000 (including benefits) before tax and national insurance |  |
| Living in a household with an annual income below £34,000 (including benefits) before tax and national insurance |  |

**Section 3 – To be completed by student’s parent or carer**

**(Discretionary bursary only)**

**Financial assessment (to be completed by student’s parent or carer)**

|  |  |  |
| --- | --- | --- |
|  | **Parent or carer 1** | **Parent or carer 2** |
| Surname |  |  |
| First name(s) |  |  |
| Relationship to Learner |  |  |
| Telephone |  |  |
| E mail address |  |  |

To be eligible for the discretionary bursary you must declare that the learner is living in a household with an annual income less than £34,000 (including benefits) before tax and national insurance. Please ensure you have selected which Tier of support you are applying for in section 2 part 2.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Parent/Carer 1** | **Parent/Carer 2** | **Evidence to be attached** |
|  | **Yes No** | **Yes No** |
| Are you employed? |  |  | If yes please provide the last three months’ worth of payslips or your P60 for tax year 2021/22. |
| Are you self-employed? |  |  | If yes – SA302 form or certified accounts. |

*If you are not employed please tick the relevant boxes to indicate the benefit(s) you receive.*

|  |  |  |
| --- | --- | --- |
| Universal Credit |  | Full most recent 3 month Assessment Statements – ALL pages |
| Working/Child Tax Credit |  | Full 2022/23 Tax Credit Award Notice – ALL pages |
| Earnings from Work or Self employment |  | P60 for 2021/221 or last three months’ payslips  If self-employed SA302 form or certified accounts |
| Income Support |  | Most recent benefit letter(s) dated within the last 3 months for each benefit OR and older letter AND latest 3 months bank statements showing payments |
| Employment and Support Allowance |  |
| Job Seekers Allowance |  |
| Carers Allowance |  |
| Pensions/Pension Credit |  |
| Housing / Council Tax Benefit |  | Current confirmation letter  Local authority can provide evidence showing benefit amounts |
| Other  e.g Maintenance |  | Documentary evidence  e.g CSA letter or latest 3 months bank statements |

**Section 4 – 6th form related costs –** What are you requesting financial assistance towards? Please tick all relevant costs, You may need receipts for proof so please keep these as evidence.

|  |  |  |  |
| --- | --- | --- | --- |
| Stationery  e.g. books, folders, pens etc. |  | School meals  If approved credit will be added to cashless account |  |
| Travel Costs  Partial Bus pass reimbursement |  | Course related resources  Books, calculators, equipment, sports kit etc. |  |
| Educational Trips or visits |  | Other – This can include a regular monthly payment if you can evidence how this will support your learning.  Please give details in section 5 |  |

***Please note payments will not be made until all supporting documents are received and support for meals or ongoing costs will not be back dated.***

**Section 5: Additional information**

|  |  |
| --- | --- |
| Please provide information to support your application, e.g. details of what your financial barriers are and how you will use the bursary to overcome these.  Use a separate piece of paper if necessary |  |

**NOW GO TO THE DECLARATION ON THE NEXT PAGE.**

**This form must be returned with all requested documents to the 6th form office, applications will not be processed until all supporting evidence is received.**

**1.9. Declaration**

***Please read the declaration below and read carefully before signing:***

1. I declare that the statements made on this form are true and to the best of my knowledge and belief are correct in every respect. I undertake to supply any additional information that may be required to verify the particulars given. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I also undertake to inform the school of any alteration to any of the particulars in writing. I agree to repay the school in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.
2. It has been explained to me that evidence of my status as a young person in care or care leaver is required (if applicable). The school have told me that they will need to seek confirmation from the Local Authority in which I am resident and to do this my application form will be sent to that Local Authority. Confirmation of the details included within this financial assessment will be required in writing from that Local Authority, (email communication is acceptable), I consent to this information being shared with the Local Authority for this purpose and I understand that this information will be managed in a confidential manner and used only for the purposes of this assessment.
3. I am aware that the funding covers only this academic year (Sept 22 – July 23) and that I must re-apply next year; there is no guarantee that I will receive funding for future years even if I am eligible for the current year.

Learner Name

Date



**Student’s Declaration of Understanding**

**HSLC 16-19 Bursary Scheme 2022/23**

Student Name (Block Capitals) …………………………

I declare that I understand that:

* Bursary payments are made to help meet the costs related to participation e.g. meals whilst attending course, transport, books and equipment, field trips and other course-related costs.
* Bursary payments are dependent on me making progress in my areas of study.
* Bursary payments are dependent on me attending all of my timetabled lessons and progress checks.
* Bursary payments are dependent on me behaving in a manner that is acceptable to the school’s staff.
* I will raise any suspected problems with the accuracy of my attendance record with my Head of Year on the following Monday of each week so that any errors can be corrected immediately.
* I will provide evidence of medical/dental appointments in advance (if possible), and will ensure that the 6th form office is always advised in advance of any planned absences (typically 2 working days’ notice).
* I understand that it is my responsibility to inform the 6th form office if my personal financial situation changes in a way that would affect my eligibility for a bursary payment.

Student Signature

Date of Signature

Staff Signature (witness)

Date of Signature