

Park House School & Sports College

16-19 Bursary Fund 2015/16

CONFIDENTIAL

Application Form

Section 1: Young Person Details

Unique Reference Number		Tutor	
Surname		Forename	
Home address		Male <input type="checkbox"/>	Female <input type="checkbox"/> (Please tick)
_____ _____ _____ _____		Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Age on 1st September 2015	<input type="text"/>
		Home Telephone Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Mobile Telephone Number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode			
Do any of these apply to you? (tick all those that apply)			
I am living independently	<input type="checkbox"/>	I am a looked after young person	<input type="checkbox"/>
I do not live with my parent(s)	<input type="checkbox"/>	I have been a looked after young person	<input type="checkbox"/>
I am a parent	<input type="checkbox"/>	I am living in hostel accommodation	<input type="checkbox"/>
I or my sibling(s) in receipt of Free School Meals	<input type="checkbox"/>	I consider myself disabled	<input type="checkbox"/>
I am receiving Disability Living Allowance / Personal Independence Payment	<input type="checkbox"/>	I receive Income Support in my name	<input type="checkbox"/>
I receive another Financial Benefit (please state below)	<input type="checkbox"/>	I am receiving Employment Support Allowance	<input type="checkbox"/>

Section 2: Residency Status (tick all those apply)

British Citizen <input type="checkbox"/>	EU/EEA Citizen <input type="checkbox"/>	Asylum Seeker <input type="checkbox"/>	Refugee/Indefinite Leave to Remain <input type="checkbox"/>
Humanitarian Protection <input type="checkbox"/>	Discretionary Leave to Remain <input type="checkbox"/>	National Asylum Support System (NASS) <input type="checkbox"/>	

Section 3: Programme of Study

Year Group	<input type="text"/>	Programme of Study (e.g. AS/A2/GCSE/BTEC)	<input type="text"/>
Subjects	1	<input type="text"/>	2
	3	<input type="text"/>	4
	5	<input type="text"/>	6

Section 4: Parent/Guardian/Carer(s) Details (to be completed by parent/guardian/carers)

Adult 1	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Adult 2	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Full Name	<input type="text"/>				Full Name	<input type="text"/>			
Home address (if different from young person)	<input type="text"/> <input type="text"/> <input type="text"/>				Home address (if different from young person)	<input type="text"/> <input type="text"/> <input type="text"/>			
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Home Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Telephone Number (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile Telephone Number (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to young person	<input type="text"/>				Relationship to young person	<input type="text"/>			

Section 5: Income Information (to be completed by parent/guardian/carers)

Do you receive any of the following?	Adult 1	Adult 2	(evidence <u>must</u> be provided—please see policy for list of appropriate documents)	Adult 1	Adult 2
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	Income-related Employment Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
What was your total household income for the Tax Year 2014-15?	<input type="text"/>				£

Section 6: Bursary being applied for

Guaranteed	<input type="checkbox"/>	Discretionary	<input type="checkbox"/>	Exceptional*	<input type="checkbox"/>	*please enclose a covering note outlining your needs
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Section 7: Young Person Bank Details (if the application is successful, payments will be paid into your bank account)

Bank/Building Society Name	<input type="text"/>	Name of Account Holder	<input type="text"/>
Sort Code	<input type="text"/>	Number	<input type="text"/>

Section 8: Parent/Guardian/Carer(s)/Young Person Declaration

I confirm that the information given on this application form is true and correct

Adult 1 Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult 2 Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Young Person Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	<input type="text"/>	Checked by	<input type="text"/>
Application Complete?	<input type="checkbox"/>	Evidence Submitted?	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
More information needed?	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>