



Learner's Reference Number: (for internal use only)

Application for 16 – 19 Bursary 2016/17

Applications MUST be submitted to the Sixth Form Office Manager by Wednesday 30 September 2016.

Applications received after this date will still be considered subject to funds being available.

Did you receive the 16-19 Bursary for 2015/2016?

Yes

No

Learner's Legal Surname:

Learner's Legal First Names:

Date of Birth:

Year Group 2016/17

Gender: M/F

Home Address:

Postcode:

Section A

Statutory payments for the vulnerable learners of **£1200** as set out in the guidance where eligible.

Vulnerable Learners	Tick	Evidence to provide and what to do next
Young people in care, or care leaver.	<input type="checkbox"/>	Please supply supporting letter from your Key Worker or Social Worker.
Young people in receipt of income support and disabled young people in receipt of both Employment Support Allowance and DLA.	<input type="checkbox"/>	Please supply copies of benefits paperwork dated within the last six weeks. Copies are not returned.

Please sign the Learner Declaration and return your form to
the Sixth Form Office Manager

Section B

Please tick in the box below if you consider yourself to be in any of the categories listed.

Learners in other vulnerable groups:	Tick	Evidence to provide and what to do next
Young people with a Learning Difficulty and/or a Disability but who are not in receipt of ESA or Disability Living Allowance	<input type="checkbox"/>	Please supply professional or school referral supporting letter, eg from Social Worker, Teacher, a copy of your S139 assessment
Young Carers	<input type="checkbox"/>	Please supply professional or school referral supporting letter eg Social Worker, Key Worker, Teacher, Indigo Project / Barnardos Worker
Teenage parents, who are not in receipt of Income Support	<input type="checkbox"/>	Please supply professional or school referral supporting letter, eg Social Worker, Key Worker, Teacher
Young Offenders	<input type="checkbox"/>	Please supply professional or school referral supporting letter, eg Social Worker, Key Worker, YOS Worker
Learners on Free School Meals	<input type="checkbox"/>	Please complete the Free School Meal Section of this form. Parents surname, NI number and date of birth will be required
Family who receive income related benefits and / or whose family income is below £16,190 per year	<input type="checkbox"/>	Please complete the financial assessment section of this form, enclosing required copies of benefit dated within the last six weeks

Please sign the Learner Declaration and return your form to the Sixth Form Office Manager

Free Schools Meals:

Parent's Surname: Parent's Date of Birth:

National Insurance Number:

Financial Assessment:

This section should be completed by the learner's Parent(s)/Carer

Name of Father:	Occupation of Father:
Name of Mother:	Occupation of Mother:
Name of Carer:	Occupation of Carer:

(Details of family income from all sources for the financial year ending 5 April 2016 (06 April 2015– 5 April 2016))

Please answer all questions either by **stating annual income** amount or inserting 'NONE'. Relevant documentary evidence of income must be submitted with this form.

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1 Father's annual Gross Income from employment and/or self-employment
2 Mother's annual Gross Income from employment and/or self-employment
3 Carer's Gross annual Income from employment and/or self-employment
4 Child Benefit – per annum
5 Income Support/Job Seekers Allowance (income based) – per annum
6 Employment Support Allowance/Job Seekers Allowance (contribution based) – per annum
7 Working Tax Credit – per annum
8 Child's Tax Credit - per annum
9 Widowed Mother's Allowance or Widow's Pension – per annum
10 Retirement Pension (State Pension) – per annum
11 Employer(s) Superannuation or Retirement Pension(s) – per annum
12 Disability Pension / Benefit – per annum
13 Separation Allowance / Maintenance / Child Support – per annum
14 Interest from investments including bank and building society interest per annum
ANNUAL TOTAL:

Have you enclosed copies of documentary evidence required?

Learner Declaration:

Please indicate in the table below the expenses you need the bursary to provide assistance with:

Expense	Details	Estimated cost
Books and equipment		
Fees, exam resits		
Transport costs		
Emergency accommodation and meals		
Course trips		
Interviews and open days		
Other costs (please specify)		

Learner Declaration:

Please read the following declaration, your application will not be assessed unless you sign and date.

I declare that all the information given on this form is to the best of my knowledge correct in every respect and I UNDERTAKE to inform the Assistant Principal of Sixth Form of any changes in the particulars given concerning my circumstances.

If for any reason, the learner named either leaves the College or fails to complete the course or abide by the College's behaviour and attendance policy for which he/she has been granted an award, I UNDERTAKE (a) to notify the Assistant Principal of Sixth Form immediately and (b) to return the award upon request.

Frome Community College is under a duty to protect the public funds it administers and to this end may use information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

If you knowingly provide misleading or false information you may be liable to prosecution.

Signed: (Parent/Carer) Date:

Full Name (*in block capitals*):

Signed: (Student) Date:

Please hand the completed form to the Sixth Form Office Manager