**16-19 Bursary Fund 2023/24**

**Financial Assessment Form**

**TO APPLY FOR THIS BURSARY YOUR HOUSEHOLD INCOME MUST BE LESS THAN £25,000 (including Salary and benefits)**

**Student Details**

|  |  |
| --- | --- |
| **Surname** |  |
| **First name(s)** |  |
| **Date of Birth (DD/MM/YYYY)** |  |
| **Age on 31st August 2023**  **(You must be aged 16, 17, or 18 on 31st August 2023 to apply)** |  |
| **Home Address** |  |
| **Postcode** |  |
| **Student mobile number** |  |
| **Student email address** |  |

|  |  |
| --- | --- |
| **Financial Information** | |
| Are you and /or your sibling(s) eligible for free school meals at this school? | Yes / No |
| Sibling Name(s): | Form Group: |

**If you have said YES to this, you do not need to supply us with any further information, just complete your bank details below and sign the declaration on the last page.**

**Payments**

To receive payments, you must have a bank account in your own name. If you do not have a bank account, you need to open one before completing this form.

|  |  |
| --- | --- |
| Bank and Branch Name: |  |
| Bank Sort Code: |  |
| Bank Account Number: (Eight Digit Number) |  |
| Name of Account Holder: |  |

**PARENTAL INFORMATION**

**Complete this part if you wish to apply for the bursary but are not in receipt of free school meals.**

**Parent/Guardian Details**

|  |  |  |
| --- | --- | --- |
|  | **Person 1 (parent/guardian)** | **Person 2 (parent/guardian)** |
| Surname |  |  |
| First name(s) |  |  |
| Relationship to student |  |  |
| Full address |  |  |
| Home Tel No  Mobile |  |  |

**Financial Assessment – Income**

*To be completed by the person(s) responsible for the household bills*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person 1** | Are you employed? (Yes / No) | If Yes  Please submit P60 for details | Are you a UK citizen?  (Yes/No) | If No  Please provide proof of residency |
| **Person 2** | Are you employed? (Yes / No) | If Yes  Please submit P60 for details | Are you a UK citizen?  (Yes/No) | If No  Please provide proof of residency |

**Financial Assessment – Providing Evidence**

The tables overleaf show the evidence you need to provide with your application form. Please complete by selecting the type of income/benefit you receive and then the ‘Evidence Required’ column will tell you what evidence you need to provide.

Please ensure that all evidence required is returned with this application (photocopies are accepted).

**Financial Assessment – Evidence Required**

|  |  |  |
| --- | --- | --- |
| **Type of Income** | **Evidence Required** | **Income Received (please select and submit evidence)** |
| **Annual Salary** | P60 for tax year 2023-24  **OR** Week 52 (last week in March 2023) payslip  **OR** Month 12 (March 2022) payslip |  |
| **Income Support** | Entitlement / Award letter  Dated within the last 3 months |  |
| **Universal Credit** | 3 months consecutive monthly payment or last 3 months payments. Can be printed out or screen shot taken but please ensure all information is visible. |  |
| **Job Seekers allowance** | Entiltlement/Award |  |
| **Employment Support Allowance** | Entitlement / Award letter  Dated within the last 3 months |  |
| **Incapacity Benefit** | Entitlement / Award letter  Dated within the last 3 months |  |
| **Carer’s Allowance** | Entitlement / Award letter  Dated within the last 3 months |  |
| **Housing Benefit** | Entitlement / Award letter  Dated within the last 3 months |  |
| **Council Tax Support** | Entitlement / Award letter  Dated within the last 3 months |  |
| **Any other benefit** | Entitlement / Award letter  Dated within the last 3 months |  |
| **Working Tax Credit** | Working Tax Credit Award Notice marked **2023-24**.  Must be for full year and not partial awards **(FULL AWARD NOTICE – ALL PAGES REQUIRED)** |  |
| **Child Tax Credit** | Working Tax Credit Award Notice marked **2023-24.**  Must be for full year and not partial **awards (FULL AWARD NOTICE– ALL PAGES REQUIRED)** |  |
| **Child Benefit** | Award letter |  |
| **Grants or bursaries etc.** | Relevant paperwork detailing entitlement and amount paid |  |
| **Disability Living Allowance** | Entitlement / Award letter  Dated within the last 3 months |  |
| **Any other income**  **e.g. pension/self employed** | Relevant paperwork from Inland Revenue |  |

Please check that you have completed all information above relevant to your household and ensure you have attached the evidence required.

**Please return your completed form and any evidence required to the Sixth Form Office or by email to sixthform@allertongrange.com**

**Declaration**

***Please read the declaration below 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. **I am aware that the funding covers only this school year 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.**
3. **I agree to abide by the expectations set out in the Student Learning Agreement.**
4. **If I fail to declare any information about any part of my income that is relevant, or give false or incomplete information, I am aware that the matter may be referred to the Department of Education or the police and that I could face prosecution.**

**Signed Learner: ……………………………………………… Date: ……………………….**

**(Print Name) ................................................**

**Signed Person 1: ……………………………………………… Date: ……………………….**

**(Print Name) ................................................**

**Signed Person 2: ……………………………………….…….. Date: …………….……….**

**(Print Name) ................................................**

**For School use only:**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendance Percentage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligibility Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (Sixth Form): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Type of Evidence | Amount of Income |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Household Income |  |