

Warren School 16-19 Bursary Scheme Application Form 2023-2024



Please complete the form and return it for the attention of the School Office Manager, with copies of the supporting evidence.

Student Details												
Title:		First name	:				Surn	ame:				
DOB:			Age:									
Address:												
					T							
Postcode:	Telephone:				Email:							
Have you the right of abode and been resident in the UK for the last 3 years? Yes No												
To qualify you must be at least 16 years but under 19 years on 31.08.2							Age at 31.8.23:					
Vulnerable Bursary Criteria												
To qualify you (the student) must fall into one of the below categories and produce the required evidence as stated.												
Are you in receipt of Income Support or Universal Credit because you are financially supporting yourself? (evidence required - Income Support or Universal Credit Statement Letter) Yes / No										ı		
Care Leaver or currently looked after in care? Yes / No												
Are you in receipt of Disability Living Allowance or Personal Independence Payments in your own right as well as Employment and Support Allowance or Universal Credit in your own Yes / No												
right? (evidence required, financial statement showing both DLA/PIP and ESA/UC)												
Discretionary Bursary Criteria												
Your household income is one of the criteria which will help us to assess your application. You may need the person responsible for the household bills to complete this section. If your TOTAL Household income exceeds												
£30,000 per annum you may not be eligible for a Bursary payment.												
Please tick to indicate what type of evidence you have provided for the household members and ensure it is dated within the last 3 months where applicable. If you cannot provide evidence then we cannot process your												
application for bursary payments.												
P60 for tax year	2022/23			slips for house 12 or week 52 -					mployed earnings al tax return)			
Income Support				/Child Tax Cre rd notice for fu			Ch	ild Benefit (award letter)				
Disability Living Personal Indeper Payments			Housing	Benefit			Ca	arer's Allowance				
Grants or Bursa	ries			r benefits — plea		. 🗆			come/pens fy	sion –		
Please list the names of the household members and relationship to Student:												
Name							Relationship to Student					
name						Rei	Relationship to Student					

Free School Meals							
Are you or your sibling(s) in receipt of free school meals? Yes	No 🗆						
Name of Sibling (s)							
Payments							
Please be aware that we usually pay Discretionary and Vulnerable Bu equipment required or paying for transport.	rsary awards 'in kind' e.g. by purchasing any						
Please give details on all relevant bursary requirements:							
DECLARATION							
 I declare that the information on this form is true and accurate to the I have read and understand the 16-19 Bursary Fund information problems bursary payment, fully aware that any false statements can lead to leave me open to prosecution. I understand that if I refuse to provide information which may be released to the whole that if I refuse to provide information which may result is school immediately. I understand that monies I receive under the Bursary Scheme have to allow me to continue in education, and if I leave education all fine. I understand that I do not have an automatic entitlement to Bursary the information I have provided. I am clear that the Bursary payments I receive are to provide me we Any equipment provided will remain the property of the school and course. I understand I have the right to appeal if I disagree with the outcome. 	rovided with this application. I have made this claim for withdrawal/refusal of any financial support and may evant to my claim, the Application will not be accepted in changes to my claim, I confirm will notify the e been awarded to provide me with financial support ancial support will stop. If payments, and all payments are based on with means to remain in education. If should be returned in good condition at the end of the						
made to Headteacher at the school.							
 I am aware that the funding covers only this school year and that I 	must re-арріу пехt уеаг.						
Pupil Signature:	Date:						
Parent / Carer / person in Charge of Household Income signature:	Date:						
Authorised:							
Headteacher / School Office Manager							

Date: