**WGGS SIXTH FORM: 16-19 BURSARY FUND APPLICATION 2021-22**

 **Once completed please return to Mrs Raikundalia**

**Student Details:**

|  |  |  |
| --- | --- | --- |
| Surname/Family Name: |  | Form |
| First Names: |  |
| Date of Birth: |  |
| Address: |  |
|  |
| Post Code: |  |
| School Email address: |  |
| Home Phone No: |  |
| Mobile Phone No: |  |

**Parental/Carer Details: please list both parents.**

|  |  |  |
| --- | --- | --- |
|  | **Parent 1** | **Parent 2** |
| Surname/Family Name: |  |  |
| First Names: |  |  |
| Address:(if different from student) |  |  |
| Post Code: |  |  |
| National Insurance Number: |  |  |
| Email address: |  |  |
| Home Phone No: |  |  |
| **Mobile Phone No:** |  |  |

This application for assistance from the 16-19 Bursary Fund is made under the priority group of:

|  |
| --- |
|  |

|  |
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|  |

**Guaranteed Discretionary Exceptional**

**Bursary Bursary Circumstances**

Please tick all of the boxes for which you would like to claim for financial assistance:

|  |
| --- |
|  |

Transport to/from school. Proof of costs is required.

|  |
| --- |
|  |

Lunch. Do not apply if you are in receipt of FSM’s.

|  |
| --- |
|  |

Books and equipment.

|  |
| --- |
|  |

School uniform

|  |  |  |
| --- | --- | --- |
| Are you a young person in care? | Yes | No |
| Are you a care leaver? | Yes | No |

**Total Annual Household Income:**

**Evidence of household income must be provided.** Please attach photocopies to this form. Incomplete forms and/or lack of evidence will delay your assessment.

Please complete each column, if no money is received enter £0.00.

Amounts entered must be the total **annual** amount received. It will prejudice your application if you knowingly enter figures which are incorrect.

|  |  |
| --- | --- |
| Salaried Income (Below £25000) | £ |
| Employment & Support Allowance and Disability Living Allowance  | £ |
| Income Support | £ |
| Job Seekers Allowance | £ |
| Asylum Seekers Support | £ |
| Universal Credit | £ |
| Working Tax Credit | £ |
| Child Tax Credit | £ |
| Council Tax Benefit | £ |
| Personal Independence Payment | £ |
| Do you own or rent your home? | Own / Rent |
| Housing Benefit | £ |
| Child Benefit | £ |
| Child Maintenance  | £ |
| Pension Credits | £ |
| Self Employed Earnings | £ |
| Other Benefits | £ |
| Other Income | £ |
| Number of dependent children and their ages |  |

Free school meals:

Is your daughter in receipt of free school meals?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

 If you meet any of the criteria below then your daughter might be entitled to free school meals:

* **Income Support**
* **Income-based Jobseekers Allowance**
* **Income-related Employment and Support Allowance**
* **Support under Part VI of the Immigration and Asylum Act 1999**
* **The guaranteed element of State Pension Credit**
* **Child Tax Credit** (as long as you’re not also entitled to Working Tax Credit and you don't get more than **£16,190** a year)
* **Working Tax Credit run-on** (paid for 4 weeks after you stop qualifying for Working Tax Credit)
* **Universal Credit** (with annual earned income of no more than **£7,400** after tax and not including any benefits you get).

Apply today if you receive any of these benefits. It takes **5 mins** and in most cases we can tell you straightaway if your child can get free meals at school. [https://www.hertfordshire.gov.uk/ufs/HCWH.eb?ebd=0&ebz=1\_15676735745](https://www.hertfordshire.gov.uk/ufs/HCWH.eb?ebd=0&ebz=1_1567673574513)

Please supply proof if you have applied for free school meals and been turned down.

**Student Bank Account Details:**

You should check that your account can accept BACS Direct Credits

Bank Name (e.g. Nat West)

Branch Address

Name of Account Holder

Sort Code

Account Number

Roll Number (Building Society

Account)

**Declaration – to be signed by student and one parent/carer:**

I confirm that the information given on this application form is true and correct. I/we also undertake to inform the school of any alterations 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.

I understand that if I leave the school before the completion of my course, payments will cease and any advanced payments will need to be repaid to the school.

I understand that funding covers only this school year, and that I must re-apply next year.

I understand that to receive the Bursary, I must meet the criteria of 100% attendance, unless absence is authorised, and meet the terms of my Sixth Form Contract.

Student's Signature: .................................................................................... Date: ...................

Parent/Carer Signature: .............................................................................. Date: ...................

**For Office Use:**

Date Received: ......................................... Evidence Provided: Yes/No

Bursary Approved: Yes/No Type of Bursary: Guaranteed/Discretionary/Exceptional

Amount Awarded: .............................per week ............................. single payment

Authorised by (name): .............................................. Date: ............................................

Signature: ..........................................................................................................

First payment due: ....................................... Last payment due: ................................

Additional Notes: