

## 16-19 Bursary Fund – Application Form

Please be aware, claims can only be processed, once an application has been approved and accepted.

|              |  |
|--------------|--|
| <b>Tutor</b> |  |
|--------------|--|

|              |  |
|--------------|--|
| <b>Title</b> |  |
|--------------|--|

|                |  |
|----------------|--|
| <b>Surname</b> |  |
|----------------|--|

|                   |  |
|-------------------|--|
| <b>First Name</b> |  |
|-------------------|--|

|                                     |  |
|-------------------------------------|--|
| <b>Date of Birth<br/>(DD/MM/YY)</b> |  |
|-------------------------------------|--|

|                 |  |
|-----------------|--|
| <b>Your Age</b> |  |
|-----------------|--|

You must be 16, 17 or 18 (i.e. under 19) on 31<sup>st</sup> **August 2024** to apply

|  |            |  |           |  |
|--|------------|--|-----------|--|
| <b>Have you the right of abode and been resident in the UK for the last 3 years?</b> | <b>Yes</b> |  | <b>No</b> |  |
|--|------------|--|-----------|--|

### **Bursary Criteria**

To qualify you must be aged 16 or over and under 19 on 31 **August 2024** and meet the ESFA's residency criteria. The bursary is paid to support you in further education with us and will only be paid if you continue to abide by the Silverdale Home and School Agreement.

|   |            |  |           |  |
|---|------------|--|-----------|--|
| <b>Are you in receipt of Income Support or Universal Credit?</b><br>(evidence required – Income Support or Universal Credit Statement letter)   | <b>Yes</b> |  | <b>No</b> |  |
| <b>Care Leaver or currently looked after in care?</b><br>(evidence required – letter from Local Authority)  | <b>Yes</b> |  | <b>No</b> |  |
| <b>Disabled Student in receipt of <u>both</u> Employment Support Allowance and Disability Living Allowance/Personal Independence Payments.</b><br>(evidence required – financial statement showing <u>both</u> ESA and DLA/PIP) | <b>Yes</b> |  | <b>No</b> |  |

Your household Income (Parents/Carers) is one of the criteria which will help us to assess your application.

Please tick one of the following to show what type of evidence you have provided. If you cannot provide evidence, then we cannot process your application for bursary payments.

|  |  |  |  |                                |  |
|--|--|--|--|--------------------------------|--|
| P60 TAX YR 20-21   |  | Income Support/Universal Credit (award letter) |  | Full TCAN Notice (Tax credits) |  |
| Self Employed Earnings (Official Tax Return)                           |  | Other benefits/pension (award letter)          |  | Wage slips (Last 3 months)     |  |
| Number of dependent children in the household?                         |  |  |  |                                |  |
| Are you registered as a young carer, or had a young carers assessment? |  |  |  |                                |  |

The amount of financial assistance you will receive is dependent on your personal circumstances. It is intended to help you with the costs of overcoming any barriers you may have when attending learning. Using the table below, please tell us what you will need financial assistance for. This information is strictly confidential and will only be used for assessment purpose.

Please provide your bank details below, as printed on your bank card or statement.  
Any agreed direct Bursary payments will be paid by BACS into student's bank accounts only.  
Please be aware that providers can choose to pay Bursary awards 'in kind', e.g. by purchasing equipment required.

|  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Account Name .....   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Account 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"/> |
| Sort Code  |                      | <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"/> |
| If the Account is a Building Society Account, also provide Roll 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"/> |

**For Office Use Only**

Checked and Authorised by: .....

Date: .....