



THE BOURNE ACADEMY

**THE BOURNE ACADEMY**  
**16-19 DISCRETIONARY BURSARY FUND APPLICATION FORM**  
**ACADEMIC YEAR 2019-20**

**SECTION A: PERSONAL DETAILS**

Surname / Family name

First name(s)

Date of Birth

Home Address

*(if your address changes please notify us)*

Telephone/Mobile number

Email address

**SECTION B: COURSE DETAILS**

Name of School

Course Name and description

Year Group

12

13

**SECTION C: LEARNER'S CIRCUMSTANCES**

Who do you live with? Please tick all that apply:

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Parent spouse/partner	<input type="checkbox"/> Grandparent(s)
<input type="checkbox"/> Foster parents	<input type="checkbox"/> On my own	<input type="checkbox"/> My spouse/partner	<input type="checkbox"/> In care / looked after
<input type="checkbox"/> Other, please explain:			

Other than yourself and those you have ticked above, how many people live in your household?

0 - 15 year olds  15 – 18 year olds  19+

Have you always lived in the UK?

Yes

No

**SECTION D: INCOME THAT YOU EARN**

Weekly amount received for:

Part time job

£

Benefits

£

Other

£

**SECTION E: SUPPORT REQUIRED**

Please provide details of the support required and estimated costs (*where appropriate*) for the 2016-17 academic year below:

	Estimated £
Course materials (including stationary and specialist clothing)	<input type="checkbox"/> <input type="text"/>
Transport to and from school (please detail how you travel)	<input type="checkbox"/> <input type="text"/>
Educational visits and field trips	<input type="checkbox"/> <input type="text"/>
Travel expenses re Bourne Ambassador meetings	<input type="checkbox"/> <input type="text"/>
Travel expenses to university interviews	<input type="checkbox"/> <input type="text"/>
UCAS application fees	<input type="checkbox"/> <input type="text"/>
Exam retake fees	<input type="checkbox"/> <input type="text"/>

**SECTION E: SUPPORT REQUIRED - cont'd...**

Other

☐*(Please provide details)*

*Please note that you may need to confirm how bursaries have been spent by providing receipts*

**SECTION F: ELIGIBILITY CONFIRMATION**

Please tick below all that apply:

- ☐ A - I am or my family are in receipt of Free School Meals
- ☐ B - My family/household's annual income is less than £25,000 *(please complete Section G)*
- ☐ C - I have a registered Special Educational Need and/or have a disability

*Please provide details:*

- ☐ D - I am applying for another reason

*Please provide details:*

**SECTION G: HOUSEHOLD INCOME**

Please only complete this section if you have ticked box B in Section F

	Parent/Carer 1:	Parent/Carer 2:	Evidence:
Gross taxable annual salary / wage	£	£	2016 P60 or end of March 2016 payslip
Self employment / property income	£	£	Latest tax return or certified accounts
Private / Occupational pension	£	£	Pension statement / pension 2016 P60 / recent bank statement
State pension	£	£	Recent Pension statement / recent Bank statement
Bank / Building society interest	£	£	Recent Bank statement <i>(evidence only required if interest over £250 per year)</i>
Benefits <i>(please specify)</i>	£	£	Recent Confirmation letter / benefit book / bank statement
Other Income <i>(please specify)</i>	£	£	Recent Confirmation letter/benefit book / bank statement

If you are unable to provide the information requested above please provide the last 3 months bank statements for all household earners.

## SECTION H: DECLARATION BY STUDENT

*It is important that you read the following statement carefully. We will not consider this application unless it is signed and dated by you.*

- I confirm that the information I have provided on this application form is accurate.
- I confirm that I will inform you immediately of any change in either my own or my family's personal circumstances, that directly affect my bursary application, as they occur.
- I confirm that I understand that if I provide false or incomplete information I will have to repay any bursary funds provided to me to assist in my studies.

Signed: \_\_\_\_\_

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

Name (please print) \_\_\_\_\_

## SECTION I: DECLARATION BY PARENTS/CARERS

*It is important that you read the following statement carefully. We will not consider this application unless it is signed and dated by the family members whose income details have been declared above in Section G.*

- I confirm that the information I have provided on this application form is accurate.
- I confirm that I will inform you immediately of any change in either my own or my family's personal circumstances, that directly affect my child's bursary application, as they occur.
- I confirm that I understand that if I provide false or incomplete information then bursary funds awarded to my child will need to be repaid.

Signed: \_\_\_\_\_

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

Name (please print) \_\_\_\_\_

Signed: \_\_\_\_\_

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

Name (please print) \_\_\_\_\_