



THE BOURNE ACADEMY
16-19 DISCRETIONARY BURSARY FUND APPLICATION FORM
2017/18 ACADEMIC YEAR

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

Courses being taken

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 2017/18 academic year below:

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

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 - I was eligible for Disadvantaged Student funding (Pupil Premium) during Year 11.
- C - My family/household's annual income is less than £25,000.00 *(please complete Section G)*
- D - I have an Educational Health and Care Plan (EHCP) or have a disability

Please provide details:

- E - 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	£	£	2017 P60 or end of March 2017 payslip
Self employment / property income	£	£	Latest tax return or certified accounts
Private / Occupational pension	£	£	Pension statement / pension 2017 P60 / recent bank statement
State pension	£	£	Recent Pension statement / recent Bank statement
Bank / Building society interest	£	£	Recent Bank statement (evidence only required if interest over £250 per year)
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: _____

SECTION I: DECLARATION BY PARENT/CARER

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: _____

Signed: _____

Date: _____