**Level 1 - 16-19 Vulnerable Bursary Fund Application Form**

If you would like to be considered for a Vulnerable Group Bursary (Level 1), please complete this form and return it to the Sixth Form Office with your supporting documents.

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| **Part 1 – Student Details** |
| Surname: | First Name (s): |
| Date of Birth: | Age: |
| Address: |
| Postcode: | Telephone: | Email: |
| Have you the right of abode and been resident in the UK for the last three years?  | Yes No |

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| **Part 2 – Vulnerable Group Bursary Award:** To qualify for the full Bursary Award you must fall into one of the categories below and produce the required evidence as stated.  |
| I am in receipt of Income Support or Universal Credit in my own name *(evidence required – Income support or Universal Credit statement letter)* |  |
| I am a Care Leaver *(evidence required – letter from Local Authority)* |  |
| I live in Local Authority Care *(evidence required – letter from Local Authority)* |  |
| I am an unaccompanied asylum seeker? *(evidence required – letter from Local Authority)* |   |
| I am a disabled student in receipt of Employment Support Allowance and Disability Living Allowance *(evidence required, financial statement showing both ESA + DLA)* |   |

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| **Part 3 – Assistance Required:** 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 financial barriers you may have when attending learning. Using the table below, please tell us what you will need financial assistance for and how much you believe you will need for each **day** in education. This information is strictly confidential and will only be used for this assessment purpose. |
|  | **Cost** | **Frequency**Daily / Once / Other (If other please specify) |
| **Transport Support** – Cost associated with travel to and from school. Please supply details on the method of transport used (e.g. bus number) and the distance travelled. | £ |  |
| **Lunch Money** – if not covered by the free school meal system. | £ |  |
| **Financial support towards essential equipment needed for your course** – cost of books, materials and other resources. Please supply details |  Yes / No | When required, please email 6thformoffice@st-edwards.poole.sch.uk  |
| **Educational trips/visits related to your course (**includes University Open Days) |  Yes / No | When required, please email 6thformoffice@st-edwards.poole.sch.uk |
| **Do you have access to a computer / laptop at home?** | Yes / No |  |
| **Do you have internet access at home?** | Yes / No |  |
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| **Part 4a – Parent / Carer Details** |
| Surname: | First Name (s): |
| Home Address *(if different from above):*Post Code: | Home Tel: |
| Mobile Tel: |
| Email: |

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| **Office Use Only** |
|  | **Application received** | **Documents enclosed** | **Decision** | **Letter sent** |
| **Date** |  |  |  |  |
| **Initials** |  |  |  |  |

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| **Part 4b – Household Details:** Please list the names of the household members and relationship to Student: |
| **Name** | **Relationship to you** | **Age if under 16** |
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| **Part 5: Declaration** |
| * I/We declare that the information provided in support of this application is correct to the best of my/our knowledge.
* I/We will inform you immediately of any change of circumstance which may affect entitlement to support (e.g. change of family financial circumstances or if I leave school).
* I/We understand that this information will not be shared except for audit purposes.
* I/We understand that failure to comply with the School’s Conditions of Payment may result in financial support being withdrawn.
* I/We are aware that payment is subject to the school receiving sufficient government funding.
* I/We understand that support is dependent on funds being available at the time of application. The fund is limited and once it is used no further funding will be available.

 **Please sign below and return the form to the Sixth Form Office in a sealed envelope.**Student Signature……………………………………............ Date: …………………Parent/Carer Signature……………………………………… Date ...………………. |