**APPENDIX F: CONFIDENTIAL BURSARY FUND APPLICATION FORM 2020 - 2021**

**APPLICATION DEADLINE: Friday 11th September 2020**

**This form should be completed using the accompanying Guidance Notes. If you need any help, please ask Mrs Heather Harvey, Sixth Form Administrator**

The bursary will be paid via BACS payment each month. In addition to this, you will be able to claim daily bursary meals up to the cost of £2.50 a day. This cost is automatically added to your account when you purchase food. It is your responsibility to ensure your bursary award is used exclusively for costs related to your education. You will need to plan and budget accordingly to make sure your award meets your needs. If you find your payment is not sufficiently covering your expenses in relation to travel to sixth form, trips, or other educational costs we may be able to top up your monthly payment with one off payments.

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|  | **PART 1: STUDENT DETAILS (all students to complete)** |  |
|  | **Your Name:** |  | **M/F:** |  |
|  | **Your Date of Birth:** |  | **Age (at 31/08/20):** |  |  |
|  | **Your Address:** |  |  |
|  |  | **Post Code:** |  |  |
|  | **Home Tel No:** |  | **Student Mobile:** |  |  |
|  | **Have you been resident in the UK or EU/EEA for the last 3 years?** | **Yes [ ]  No [ ]**  |  |
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|  | **PART 2: COURSE DETAILS (all students to complete)** |  |
|  | **Full Name of Course** |  |  |
|  | **(list subjects)** |  |  |
|  | **Are you in your: [ ] 1st Year [ ] 2nd Year [ ] 3rd Year** |  |
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|  | **PART 3: ELIGIBILITY FOR A GUARANTEED BURSARY (£1,200) (students to complete)** |  |
|  | **You will only be entitled to receive a bursary of £1,200 per year if you are in any of the categories below. Please tick any that apply and submit the relevant evidence.** |  |
|  | **✓** | **Category** | **Evidence Needed** |  |
|  |  | I am in care/a care leaver | Letter from your key worker or local authority |  |
|  |  | I am in receipt of Income Support/Universal Credit | Letter confirming benefit from April 2019 |  |
|  |  | I am in receipt of both Employment Support Allowance and Disability Living Allowance (or Universal Credit and Personal Independence Payment) | Letter confirming benefit from April 2019 |  |
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|  | **If you have ticked any of the categories above you do not need to fill in Part 4 or 5 –** **go to Part 6 (Declaration).** |  |

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|  | **PART 4: ELIGIBILITY FOR A DISCRETIONARY BURSARY** **Income/Benefit Details:** **This section should be completed by the parent(s)/carer(s) you live with.** |  |
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|  | **Applications cannot be processed without proof of benefit/income** |  |
|  | **Parent/carer name:** |  |  |
|  | **Please indicate whether Married/Separated/Divorced/Widowed/Single/Co-habiting** |  |
|  | **How many other dependent children are there in your household?** |  |
|  | **Are you eligible for free school meals? Yes [ ]  No [ ]**  |  |
|  | **Have you made an application for free school meals? Yes [ ]  No [ ]**  |  |
|  | **Please tick ✓ ALL benefits you and/or your partner receive** |  |
|  | **Name of Benefit** | **✓** | **Evidence Needed** |  |
|  | Free School Meals |  | Certified letter from your local authority confirming receipt |  |
|  | Income Support |  | Letter confirming benefit from April 2019 |  |
|  | Universal Credit |  | Letter confirming benefit from April 2019 |  |
|  | Employment Support Allowance (ESA) |  | Letter confirming benefit from April 2019 |  |
|  | Jobseeker’s Allowance |  | Letter confirming benefit from April 2019 |  |
|  | Pension Credit (Guarantee credit) |  | Letter confirming benefit from April 2019 |  |
|  | Child/Working Tax Credit + annual income under £21,000 |  | **ALL** pages of 2019/20 Tax Credit Award (TC602) |  |
|  | Other benefit/s (not included above |  | Letter confirming benefit from April 2019 |  |
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|  | **Employment/Self-Employment** | **Adult 1** | **Adult 2** |  |
|  | Are you and/or your partner working? | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |  |
|  | Please state Gross Annual Income | £ | £ |  |
|  | **You must attach a copy of ALL pages of 2019/20 Tax Credit Award or P60 or Self-Assessment Tax Calculation for 2019/20 for each adult.** |  |
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**Financial Assessment – Income**

**To be completed by the person(s) responsible for the household bills**

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| **Family income per annum – please tick appropriate box** |
| Less than £10,000 | Between £10,001 - £20,000 | Between £20,001 - £30,000 |

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|  | **PART 5: BANK DETAILS**  |  |  |
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|  | **Instruction for the payment of bursary**

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| **Full Name** |  |
| **Date of Birth** |  |
| **Signature** |  |
| **Date** |  |

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|  | **Please find below the details of my bank account to which my monthly bursray should be placed:**

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| **Name of Bank/Building Society** | **Full Address of Branch** | **Branch Sort Code** | **Account Number (8 digits)** |
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|  | Certain Building Societies receive credits via a clearing back. If you wish your salary to be paid into a Building Society, it is advisable to check with your branch to confirm the exact details to be quoted when crediting via BACS transfer. The information collected in this form will be used in compliance with the General Data Protection Regulations 2018. This information is collected by KNGS for the purpose of administering 16-19 bursary payments. Please refer to our Student Privacy Notice for more information on how this data is processed and who we share your information with. |  |  |  |  |
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|  | **PART 6: DECLARATION**  | **(all students to sign)** |  |
|  | * I declare that the information I have given is accurate and correct to the best of my knowledge
* All income/benefit sources are shown and documents requested are enclosed
* I understand that any assistance is subject to maintaining satisfactory levels of attendance, behaviour and progress/attainment
* I will inform Jennifer Brookes immediately if the details I have given on this form change
* I understand that all or part of any payment may be repayable if I withdraw from my course for whatever reason during this academic year. The amount to be repaid will be determined by the College
* I am aware that the funding covers only this academic year and that I must re-apply next year. There is no guarantee that I will receive funding for future years even if I am eligible of the current year.
 |  |
|  | **Student signature** |  | **Date** |  |  |
|  | **Parent/Carer signature** |  | **Date** |  |  |
|  |  |  |  |  |  |

**Returning your application**

Completed applications and supporting evidence can be handed in to Heather Harvey,Kings Norton Girls’ School

**Please note**

Applications for 2020/21 should be returned by Friday 11th September 2020**.** Applications afterthis date will be welcome and will be considered in the light of funds available**.**

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|  | **SIXTH FORM USE ONLY** |  |
|  | **APPROVED [ ]  REJECTED [ ]**  |  |
|  | **Authorised by** |  | **Date** |  |  |
|  | **Additional notes** |  |  |
|  | **Appeal received** |  | **Appeal Decision** |  |  |
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