



16-19 Bursary Fund Application

Prior to completing this form please read the General Information document and the Full Bursary Policy (available on the College website). Proof of entitlement will be required to process this application and information provided will be used to contact other sources, as allowed by law, to verify initial and on-going entitlement.

Student Details

Surname/Family Name	
First Names	
Date of Birth	
Address	
Post Code	
e-mail address	
Home Phone	
Mobile Phone	

Student Bank or Building Society Details

To receive payments, you must have a bank account in your own name that will accept BACS payments. If you do not have a bank account you will need to open one before completing this form.

Name of Account Holder	
Name of Bank	
Branch	
Sort Code	
Account Number	
Roll Number	

I confirm that the details are true and accurate and accept the terms and conditions of the Bursary Fund (please see Bursary Policy). I understand the College has the right to reclaim funds/equipment costs if I am found to have provided incorrect information.

Declaration of residency: I declare that I have been a resident of the UK for at least 3 years.

Signature		Date	
Print Student Name		Form Group	



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Parental/Carer Details

Surname/Family Name	
First Names	
Date of Birth	
Address	
Post Code	
National Insurance Number	
Home Phone	
Mobile Phone	
Total household Income	£ (evidence required - see Income declaration form)

This application for assistance from the 16 - 19 Bursary Fund is made under the priority group of:

High		Medium		Low		Other	
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Please indicate the help you require by ticking the appropriate box. Please tick all boxes that apply to this application.

- Travel Costs
- Essential course costs (books, trips, equipment, uniform, materials etc)
- Meal costs
- Other (please specify)

The amount of assistance and documentary evidence is required for Low and Other area applications (see General guidance and full Bursary policy).

- Amount of assistance required £_____
- Receipts for items purchased are attached.

I confirm that the details on this application are true and accurate.

Signature		Date	
Print Parent/Carer Name			

PLEASE RETURN COMPLETED APPLICATION FORM, WITH INCOME DECLARATION FORM AND PROOF OF HOUSEHOLD INCOME TO FINANCE