



APPENDIX A
16-19 Bursary Fund Application Form
Major Awards (Over £100 and regular allowances)

1.1 Learner Details

Surname / Family name	
First name(s)	
Sex (M / F)	
Date of Birth (dd/mm/yyyy)	
Age on 31 st August 2011	
You must be aged 16, 17, or 18 on 31 st August 2011 to apply.	

1.2 Address Details

Home Address	
Postcode	
Home telephone number	
Mobile telephone number	
E-mail address	

1.3 School /College /Provider Details

Name of current institution	_____
Name of Institution of choice, (if different)	

1.4 Your Bank or Building Society account details

This should be the name as it appears on your cash or debit card, or statement

Full name of Account Holder	
Name of Bank / Building Society	

Branch	
Sort Code	
Account Number	

1.5 Course Details

Full time / Part time / guided learning hours (g.l.h.) per week	
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1.6 Personal Circumstances

Are you or have you been in the LA care system for 13 weeks or more since you were 14?	Yes / No
	If yes go to question 4 Declaration

Are you in receipt of income support	Yes / No
	If yes go to question 3.1 Evidence

Do you consider yourself disabled and in receipt of Employment Support Allowance and Disability Living Allowance	Yes / No
	If yes go to 3.1 Evidence

Are you or have you been in receipt of free school meals within the last year?	Yes / No
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2.2 Household Members.

	Prospective Bursary Recipient	Other household member	Other household member
Surname			
First name(s)			
Relationship to Learner			
Telephone			

2.3 Financial Assessment – Income

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

Prospective Bursary Recipient	Are you employed? (Yes / No)	If yes, please submit P60 for details
Other household member	Are you employed? (Yes / No)	If yes, please submit P60 for details
Other household member	Are you employed? (Yes / No)	If yes, please submit P60 for details

If you are not employed please tick the relevant boxes to indicate the benefit(s) you receive.

Benefit received	Prospective Bursary Recipient	Other household members	Other household members
EMA			
Income Support			
Employment Support Allowance			
Disability Living Allowance			
Incapacity Benefit			
Carer's Allowance			
Housing Benefit			
Council Tax Benefit			
Job Seekers Allowance			

2.4 Financial Assessment – Other Income

Please tick the relevant boxes to indicate all other income received into the household

Other Income	Working Tax Credit	Child Tax Credit	Child Benefit	Grants or Bursaries etc	Any other income / benefit – please specify
Prospective Bursary Recipient					
Other household members					
Other household members					

3.1 Evidence

Whatever you have declared in 2.3 and 2.4 above must be backed up by evidence (photocopies accepted) in order for an assessment to be made.

The tables below show the evidence you will need to provide with your application form.

Once you have declared and identified your benefits on the application find the 'Type of Income' that applies to you in the first column and the 'Evidence Required' column will tell you what you need to provide.

Type of Income	Evidence Required	Evidence Received (Tick)
Annual Salary	P60 for tax year 2010-11, or week 52 (last week in March 2011) payslip or month 12 (March 2011) payslip	
EMA	Current Entitlement / Award letter	
Income Support	Entitlement / Award letter – dated within the last 3 months	
Job Seekers Allowance	Entitlement / Award letter – dated within the last 3 months	
Employment Support Allowance	Entitlement / Award letter – dated within the last 3 months	
Incapacity Benefit	Entitlement / Award letter – dated within the last 3 months	
Carer's Allowance	Entitlement / Award letter – dated within the last 3 months	
Housing Benefit	Entitlement / Award letter – dated within the last 3 months	
Any other benefit	Entitlement / Award letter – dated within the last 3 months	
Working Tax Credit	Working Tax Credit Award Notice marked "2011-12". Must be for full year and not partial awards (FULL AWARD NOTICE)	
Child Tax Credit	Working Tax Credit Award Notice marked "2011-12". Must be for full year and not partial awards (FULL AWARD NOTICE)	
Child Benefit	Award letter	
Grants or bursaries etc	Relevant paperwork detailing entitlement and amount paid	
Any other income	Relevant paperwork	

4 **Declaration**

Please read the declaration below and read carefully before signing:

- 1** I declare that the statements made on this form are true and to the best of my knowledge and belief are correct in every respect. I undertake to supply any additional information that may be required to verify the particulars given. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I also undertake to inform the school / college / training provider of any alteration to any of the particulars in writing. I agree to repay the school / college / training provider in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.

- 2** It has been explained to me that evidence of my status as a young person in care or care leaver and / or that I have had access to free school meals is required. The school / college / training provider have told me that they will need to seek confirmation from the Local Authority in which I am resident and to do this my application form will be sent to that Local Authority. Confirmation of the details included within this financial assessment will be required in writing from that Local Authority, (email communication is acceptable), I consent to this information being shared with the Local Authority for this purpose and I understand that this information will be managed in a confidential manner and used only for the purposes of this assessment.

- 3** 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 for the current year.

Signed (Learner) Date

Print Name

Signed (Person 1 or 2) Date

Signed School / college / training provider _____

Date:

Confirmation of learners 'in care' or 'leaving care status' contact:

Pathways team
36 Flemingate
Beverley
HU17 0NU
01482 396685

For queries on free school meals status contact:

Pat John
14-19 Commissioning unit
County Hall
Beverley
HU17 9BA
01482 392853

The organisation does not hold the following evidence and requests that it is confirmed on behalf of, and with permission of, the learner by East Riding of Yorkshire Council (ERYC):

	Evidence Requested for (Tick)	Confirmed by ERYC (Yes / No)
Currently in or left Care		
Free School Meals		

Signature

Date

Name

Position

On behalf of East Riding of Yorkshire Council