



**APPENDIX B:  
16-19 BURSARY FUND APPLICATION FORM  
Minor Awards (Up to £100)**

**Personal Details**

Your name			
Date of birth		Your age	
Your address			
Tel no.			
Course / Form			

**Please State What Costs You Need Help With**

Expense	Details	Amount Requested
Books and Equipment		£
Fees, Exam Resists		£
Transport Costs to and from School		£
Emergency Accommodation and Meals		£
Course Trips		£
Interviews and Open Days at Universities		£
Other Costs (Please specify)		£

<b>TOTAL AMOUNT REQUESTED</b>	<b>£</b>
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If you receive an Education Maintenance Allowance in 2011/12 please state the weekly amount	£
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### Supporting Information

Please provide any other information to support your application.

**Please provide your bank details (not necessary if your award is a non cash award)**

**Payment will be made direct by BACS**

Account Name: .....

Account No: .....

Sort Code:.....

### Applicants Signature

<b>This application is supported</b>	<b>For School Use</b>						
	<input type="checkbox"/> YES / <input type="checkbox"/> NO						
<b>Financial Assessment confirmed?</b>	<input type="checkbox"/> YES / <input type="checkbox"/> NO						
<b>Comments regarding Application</b>	<p>Bursary Award: Cash / In Kind / Other If "in kind", please specify that form this will take.</p> <p>Where application is not supported, give reason for non-support.</p>						
<i>Please tick relevant box</i>							
<b>Please pay</b>	<table style="width: 100%;"> <tr> <td style="width: 30%; border: 1px solid black;">£ (or value of "in kind" award)</td> <td style="width: 40%;"><b>Payment direct</b></td> <td style="width: 30%;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>Reimburse the school</b></td> <td><input type="checkbox"/></td> </tr> </table>	£ (or value of "in kind" award)	<b>Payment direct</b>	<input type="checkbox"/>		<b>Reimburse the school</b>	<input type="checkbox"/>
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	<b>Reimburse the school</b>	<input type="checkbox"/>					
<input type="checkbox"/>							
<b>If application is to reimburse school please give cost code</b>							
<b>Signed</b>	<input type="text"/>						
<b>Date</b>	<input type="text"/>						
<b>Name</b>	<input type="text"/>						
<b>School</b>	<input type="text"/>						

**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:

To: P. John  
 East Riding of Yorkshire Council  
 County Hall  
 Beverley  
 HU17 9BA

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