



16-19 Bursary Fund Application Form 2022-23

Please complete the form and bring it together with your supporting evidence and return to Mrs H Jacobs.

Title		Surname		First Name	
Address					
				Postcode	
Phone / mobile				email	
Date of Birth: (DD/MM/YY)			Age	You must be 16, 17 or 18 (i.e. under 19) on 31 st August 2023 to apply	
Have you the right of abode and been resident in the UK for at least 3 years?				Yes	No

Bursary criteria

To qualify you must be aged 16 or over and under 19 on 31st August 2023 and meet the EFA's residency criteria. The bursary is paid to enable you to attend training with us and will only be paid if your attendance and behaviour meet the required standard.

Discretionary Bursary Criteria					
Your household income is one of the criteria which will help us to assess your application. If your household income exceeds £25,000 per annum, you will not normally be eligible for a bursary payment.					
Please tick one of the following to show what type of evidence you have provided. If you cannot provide evidence then we cannot process your application for bursary payments.					
P60		Income Support / Universal Credit (award letter)		Full Tax Credit Awards Notice	
Self-employed earnings (official tax return)		Other benefits/pension (award letter)		Wage slips (most recent wage slip)	
Number of dependent children in the household					
Vulnerable Bursary Criteria					
To qualify you must fall into one of the categories below and produce the required evidence as stated.					
Are you in receipt of Income support or Universal Credit? (evidence required – Income Support or Universal Credit Statement letter)				Yes	No
Care Leaver (after the age of 14) or currently looked after in care? (evidence required – letter from Local Authority)				Yes	No
Disabled student in receipt of <u>both</u> Employment Support Allowance and Disability Living Allowance/Personal Independence Payments (evidence required - financial statement showing <u>both</u> ESA and DLA/PIP)				Yes	No

STUDENT REQUEST FOR ASSISTANCE FORM

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 barriers you may have when attending learning. Using the table below, please tell us what you might need financial assistance for and how much you believe you will need during the academic year. This is not a one-off payment and you can apply for additional support throughout the academic year.

This information is strictly confidential and will only be used for this assessment purpose.

Where possible the school will purchase items on your behalf. When this is not possible the school will reimburse the cost of items when a receipt/ proof of purchase is received or pay you directly in to your bank account via BACS.

Assistance Requested – please provide details	Amount required (if daily give daily amount)	For office use
Travel (proof of cost will be required; oyster journey history, travel card receipt, tickets receipts for all journeys)		
Meals <i>Exceptional circumstances only</i> (Do not qualify if currently in receipt of Free School Meals)	n/a	
Equipment (this can be requested at any time during the academic year)		
Appropriate clothing		
Other		

If there are extenuating circumstances within your household that have not been covered but you would like us to consider as part of this application, please provide the information here:

LEARNER DECLARATION

- I declare that the information on this form is true and accurate to the best of my knowledge.
- I have made this claim for a Bursary payment, fully aware that any false statements can lead to withdrawal/ refusal of any financial support and may lead to me being prosecuted.
- I understand that if I refuse to provide information which may be relevant to my claim, the application will not be accepted.
- I understand that monies I receive under the Bursary Scheme will be paid on condition of standards of punctuality, attendance and behaviour, as explained in the '16-19 Bursary, Learning Agreement'.
- **HOLIDAYS WILL BE UNPAID**
- I will attend regularly and complete the course for which my bursary is supporting me.
- I understand that failure to follow the meet the school standards as laid out in the Coopers' Coborn School charter and Sixth Form Home/School Agreement could result in bursary payments being delayed or withdrawn.
- When changes to my household financial circumstances occur (which may result in changes to my claim), I confirm I will notify The Coopers' Company and Coborn School immediately.
- I understand that monies I receive under the Bursary Scheme have been awarded to provide me with financial support to allow me to continue in learning, and if I leave learning all financial support will stop.
- I understand that I do not have an automatic entitlement to Bursary payments, and all payments are based on the information provided by me.
- I am clear that the Bursary payments I receive are to provide me with the means to remain in learning and are to be used for items such as: books, equipment, travel costs, meals, additional costs, i.e. trips, miscellaneous course costs.
- I understand that wherever possible The Coopers' Company and Coborn School will purchase the books, equipment, travel tickets etc. Any monies paid directly to me to purchase items will require a receipt as proof of purchase.
- I understand I have the right to appeal if I disagree with the outcome of my Bursary Application. This appeal should be made to The Coopers' Company and Coborn School, but if I feel I have not been treated fairly, I can follow the Complaints Procedure.
- I understand that I will need to confirm my circumstance have not changed at the start of each term in the current year of my claim
- I understand that this application process will be repeated for each year of study.

I confirm that I have read the information provided and I agree to the conditions of this application.

Applicant signature

Date

Parent/Carer or

Date

Key worker signature



THE COOPERS' COMPANY & COBORN SCHOOL
BANK DETAILS FORM FOR BACS PAYMENTS

ACCOUNT HOLDER NAME: (IN CAPITALS)

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BANK NAME: (IN CAPITALS)

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SORT CODE:

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ACCOUNT NUMBER:

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I certify the above information to be true and correct.

Signed:

Date:
