**KEN STIMPSON ACADEMY**

 **16-19 Bursary Fund Application**

Prior to completing this form please read the General Information document and the Full Bursary Policy (available on the Academy 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  |   |
| Sort Code  |   |
| Account Number  |   |
| Roll Number  |   |

# Bursary Priority Group

This application for assistance from the 16 - 19 Bursary Fund is made under the priority group of (please tick only one):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **High**  |  | **Medium**  |  | **Low**  |  | **Other**  |  |

# Eligibility

|  |
| --- |
|   |

I confirm that I meet the eligibility criteria set out in Section 1 of the 16-19 Bursary Policy

# Free School Meals

 I confirm that I am entitled to Free School Meals (please tick as appropriate)

Yes No

|  |  |  |
| --- | --- | --- |
| **I am requesting assistance with:** **(you must provide details and approximate costs where possible)**  | **Total** **Requested**  | **Total** **Approved** **(for office use only)**  |
| Public Transport Travel Costs (bus pass/ticket costs) (please tick all that apply)  Stagecoach Bus Pass  Other bus company bus tickets  |   £  |   £  |
| Mileage between home and College (only where applicant is the driver of the car or motorcycle)   |  £  |  £  |
| Essential course costs (books, trips, equipment, materials etc)    |  £  |  £  |
| School meal costs  |  £  |  £  |
| Uniform  |  £  |  £  |
| Other (please specify) |  £  |  £   |

**I confirm that the details are true and accurate, and accept the terms and conditions of the Bursary Fund, in particular attendance and standard of behaviour (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**.

|  |  |  |  |
| --- | --- | --- | --- |
|  Student Signature  |   |  Date  |   |
| Print Student Name   |   | Form Group  |   |

# Parental/Carer

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

|  |  |  |  |
| --- | --- | --- | --- |
|  Parent/Carer Signature  |   |  Date  |   |
|  Print Parent/Carer Name  |   |
|  Contact Phone Number |    |

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