|  |
| --- |
| Prior to completing this form, please refer to the ‘Spalding High School 16-19 Bursary Policy’.  Proof of entitlement must be included when the form is returned. |

**Student Details**

|  |  |
| --- | --- |
| **Surname** |  |
| **First Names** |  |
| **Date of Birth** |  |
| **Address** |  |
|  |
|  |
|  |
| **Postcode** |  |

**Parent/Carer Details**

|  |  |
| --- | --- |
| **Surname** |  |
| **First Names** |  |
| **Date of Birth** |  |
| **Address** |  |
|  |
|  |
|  |
| **Postcode** |  |
| **National Insurance Number** |  |
| **Household Income** (please supply the  required evidence to support this claim. (This will be in strict confidence) |  |

We confirm that the details provided to support this application for the 16-19 Bursary are true and accurate. We accept that the student named above must comply with the terms of the Spalding High School Bursary Fund Policy or funding may be withdrawn. We understand that any and all changes in financial circumstance must be immediately reported to Mr Blackbourn to ensure funding remains at the correct level.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Signature** |  | **Date** |  |
| **Parent/Carer Signature** |  | **Date** |  |

We have read the ‘Spalding High School 16-19 Bursary Policy 2025-26’ that explains the amount of funding

that may be available. **Please tick the box to confirm.**

Please indicate the level of support you are applying for and the reason why:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEVEL 1 SUPPORT** | | **LEVEL 2 SUPPORT** | | **LEVEL 3 SUPPORT** | |
| I am living in care |  | Gross household  income is less than  £24,000 |  | I have an identifiable  financial need and wish to apply for a discretionary Bursary |  |
| I am a care leaver |  |
| I am in receipt of  Income Support or  Universal Credit |  | I am in receipt of  Free School Meals |  |  | |
| I am in receipt of both  Employment Support Allowance and Disability Living Allowance or Personal Independence Payment |  | My household is in  receipt of means tested benefits |  |
| **Please refer to the 16-19 Bursary Policy for the proof of income evidence required to support your application.**  **Please provide copies of original documents (or photos by email). Original documents can be returned to you on request.** | | | |

Please provide brief details of the items for which you will require support. (Use additional sheet if necessary).

|  |  |
| --- | --- |
| Transport requirements |  |
| School trips/visit requirements |  |
| Equipment/resources |  |
| Any other items |  |