

16-19 Bursary Application 2019-20



SPALDING HIGH SCHOOL
SIXTH FORM

STRICTLY CONFIDENTIAL

Prior to completing this form please refer to the 'Spalding High School 16-19 Bursary Fund Policy'. Proof of entitlement must be included when the form is returned to the Sixth Form Administrator.

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the student named above must comply with the terms of the Spalding High School Bursary Fund Policy or funding may be withdrawn.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 the Sixth Form Administrator to ensure funding remains at the correct level.

Student Signature		Date	
Parent/Carer Signature		Date	

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We have read the 'Spalding High School 16-19 Bursary Policy' that explains the amount of funding that may be available. Please tick the box if the statement is true.

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

LEVEL 1 SUPPORT - £1,200 PER ACADEMIC YEAR		LEVEL 2 SUPPORT		LEVEL 3 SUPPORT	
I am living in care		Gross household income is less than £21,000		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 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	

FOR SHS SIXTH FORM OFFICE USE ONLY			
Date application received		Date reviewed by Committee	
Supporting evidence provided/notes			
Support approval details	Level 1 Support	Level 2 Support	Level 3 Support
	£1,200		



Student Bank or Building Society Details

Student Details

Surname	
First Names	
Date of Birth	
Address	
Post Code	

Name on the Account	
Name of the Bank	
Branch	
Sort Code	
Account Number	
Roll Number	

These details will be given to the Finance Manager so that payments can be made.