Bishop Milner Catholic College

**APPLICATION FORM**

**16-19 BURSARY FUND 2022-23**

**Application for the fund will fall into 4 categories:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level 1**  | **Level 2** | **Level 3** | **Level 4** |
| Any Student:-* In care
* Care leavers
* In receipt of Income Support/Universal Credit
* Students in receipt of Disability Living Allowance **and** Employment Support Allowance/Personal Independence Payment
* Unaccompanied asylum seeker
 | If the annual household income (including tax credits) is £16,190 gross per annum or less. | If the annual household income (including tax credits) is between £16,191 and £25,000 gross. | If the annual household income (including tax credits) is above £25,000 special consideration maybe given. |

**The college reserves the right to change the threshold for applications for the 16-19 Bursary depending on the number of applications received and funds available.**

The amount awarded will depend on the number of applications received and funds available.

Which category are you applying for:-

 1 Please complete section A, C & D

 2 Please complete section B, C & D

 3 Please complete section B, C & D

4 Please complete section B, C & D

**For Office Use**

**Date Received:**

**The Student’s Details**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(If Known)*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part A**

To be completed by students applying for **Level 1**

Which category do you fall into?

**In Care** (as evidence please provide a letter from your social worker/extra mile worker confirming this).

**Care Leaver** (as evidence please provide a letter from your social worker/extra mile worker confirming this).

**In receipt of Income Support/Universal Credit** (as evidence please provide a copy of letter from the Job Centre confirming Income Support/Personal Independence Payment).

 **In receipt of Employment Support Allowance AND Disability Living Allowance/Personal Independence Payment** (as evidence please provide copy of letters from DWP)

Unaccompanied asylum seeker (as evidence please provide documentation from the Home Office).

Now complete **Part C**

**If you do not fall into any of the above categories then you are not entitled to Level 1 Bursary Fund.**

**Part B**

**To be completed by the parent/carer of students applying for Level 2, 3 or 4 Bursary Fund.**

|  |  |  |
| --- | --- | --- |
|  | **Adult 1** | **Adult 2** |
| Please state relationship to student – e.g. parent/carer |  |  |
| Your first name |  |  |
| Your surname |  |  |
| Your address |  |  |
| Postcode |  |  |
| Home Tel. No. |  |  |
| Mobile No. |  |  |

**Your Household Income**

|  |
| --- |
| **Income for Adult 1** |
| **Type of Income** | **Yes/No** | **Evidence Required** |
| Working/Child Tax Credit or Universal Credit |  | Page 1-4 of your 2022/23 Tax Credit Award Notice or Universal Credit Award Notice |
| Earned Income |  | P60 Tax Year ended 2022 or last 3 consecutive pay slips |
| Self Employed Income |  | Most recent audited accounts or SA302 form |
| Income Support |  | Award letter which is less than 6 months old confirming amount |
| Jobseeker’s Allowance |  | Entitlement/Award letter which is less than 6 months old confirming amount |
| Employment Support Allowance |  | Award letter which is less than 6 months old confirming amount  |
| Disability Living Allowance/Personal Independence Payment |  | Award letter which is less than 6 months old confirming amount |
| Pension Income |  | Please provide evidence dated within the last 6 months of amount |
| Other |  | Please provide evidence dated within the last 6 months of amount |

|  |
| --- |
| **Income for Adult 2** |
| **Type of Income** | **Yes/No** | **Evidence Required** |
| Working/Child Tax Credit or Universal Credit |  | Page 1-4 of your 2022/23 Tax Credit Award Notice or Universal Credit Award Notice |
| Earned Income |  | P60 Tax Year ended 2022 or last 3 consecutive pay slips |
| Self Employed Income |  | Most recent audited accounts or SA302 form |
| Income Support |  | Award letter which is less than 6 months old confirming amount |
| Jobseeker’s Allowance |  | Entitlement/Award letter which is less than 6 months old confirming amount |
| Employment Support Allowance |  | Award letter which is less than 6 months old confirming amount  |
| Disability Living Allowance/Personal Independence Payment |  | Award letter which is less than 6 months old confirming amount |
| Pension Income |  | Please provide evidence dated within the last 6 months of amount |
| Other |  | Please provide evidence dated within the last 6 months of amount |

**Please Note:** Legible photocopies of **all** documents are required. They will be kept for audit purposes and cannot be returned. **Please do not send originals.**

**Part C Declaration**

* I/We confirm that I have exercised my eligibility to other forms of financial support before pursuing this application for 16-19 Bursary Fund.
* I/We have read and understood the guidance notes supplied with this application form, and the information I have provided is a true reflection of my current financial status.
* I/We share responsibility for the information given with any partner named on this form.
* I/We take full responsibility of informing the college immediately should my/our financial status change.
* I/We understand that should the student leave their learning programme they will not be eligible to receive further payments and overpayments may have to be repaid.
* I/We understand the information may be shared with other agencies or organisations, as allowed by law for the purposes of checking this application and/or the prevention of fraud.
* I/We acknowledge that the young person is eligible for 16-19 bursary Funds on residency grounds and can provide suitable evidence of proof if required.
* I/We understand that funding covers only this college year, and that I must re-apply next year.

**Signed by Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed by Parent/Carer 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed by Parent/Carer 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

At no time will your personal information be passed to organisations for marketing or sales purposes and the college complies with GDPR.

If you are dissatisfied with the outcome of your application and you wish to appeal against the decision that has been made then you must contact the Finance Department in writing within seven working days of being advised of the decision to declare that you are going to appeal/complain against their decision.

***NB. The college reserves the right to amend/update the application form/policy & procedures during the academic year 2022/23.***

**Part D**

**To be completed for all applications**

**Bank Account MUST be in the students’ name**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| STUDENT BANK DETAILS |
| Account Name |  |
| Name of Bank |  |
| Branch Address |  |
| Sort Code |  |
| Account NumberMust be an 8 digit number |  |

|  |
| --- |
| Application Approved By |
| GRO |  |
| Date |  |

**Appendix A**

**Details of Claim**

|  |
| --- |
| **Level 1 – Estimated support available**Bus pass, curriculum trips, equipment, books, assistance with exam and UCAS fees, assistance with travel to higher education interviews |
| **Level 2 – Estimated support available**Bus pass, curriculum trips, equipment, books, assistance with exam and UCAS fees |
| **Level 3 – Estimated support available**Bus pass if living 1 mile or further away from college, curriculum trips, books |
| **Level 4 – Estimated support available**Bus pass if living 1 mile or further away from college |

**Please complete, sign and return the application form, supporting evidence and the contract to Mrs G Roden.**

**Students are encouraged to apply as soon as possible. The deadline for initial applications is 19th September 2022 (or within 2 weeks of your start date if you begin college later in the year) to be eligible for support during the 2022-23 academic year.**

**Applications received for the bursary will be processed on a priority basis.**

**BISHOP MILNER BURSARY FUND STUDENT CONTRACT**

**In order to receive financial support towards the cost of educational expenses, you must agree to follow the terms of the contract detailed below. Failure to do so may result in the removal of any financial support for the following academic term.**

* I will work to the best of my ability to complete the courses I have chosen, and to meet the work deadlines set.
* I will attend all timetabled lessons, support lessons, tutor periods and other events the college requires me to attend.
* I understand that if I am ill a Parent/Carer will call the Attendance Officer by 10.00 am on the day of absence. A Leave of Absence form **MUST** be completed and signed by 6th Form Team **IN ADVANCE** for any other absence.
* I accept that the college will determine what is an acceptable reason for absence.
* I understand that if my attendance rate drops below 90% or my punctuality gives cause for concern payments may be affected.
* I understand that college is a place of work, and that I must behave in a way which respects the rights of others and which is neither rude, disruptive nor unsafe.
* **I understand that if I fail to meet the terms of this contract the college may withhold, reduce or retain all or part of my grant payments.**

Student Name (Block Capitals): ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_