

CONFIDENTIAL

Aylesford School & Sixth Form College 16-19 Bursary Fund

Section 1: Young Person Details

Unique Reference Number	<input type="text"/>	Tutor	<input type="text"/>
Surname	<input type="text"/>	Forename	<input type="text"/>
Home address	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/> (Please tick)
		Date of Birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
		Current Age	<input type="text"/>
Postcode	<input type="text"/>	Home Telephone Number	<input type="text"/>
Email address:	<input type="text"/>	Mobile Telephone Number (if applicable)	<input type="text"/>
Do any of these apply to you? (tick all those that apply)		I am a looked after young person	<input type="checkbox"/>
I am living independently	<input type="checkbox"/>	I have been a looked after young person	<input type="checkbox"/>
I do not live with my parent(s)	<input type="checkbox"/>	I am living in hostel accommodation	<input type="checkbox"/>
I am a parent	<input type="checkbox"/>	I consider myself disabled	<input type="checkbox"/>
I or my sibling(s) are in receipt of Free School Meals	<input type="checkbox"/>	I receive Income Support in my own name	<input type="checkbox"/>
I am receiving Disability Living Allowance or PIP	<input type="checkbox"/>	I am receiving Employment Support Allowance	<input type="checkbox"/>
I receive another Financial Benefit (please state below)	<input type="checkbox"/>	I am receiving Universal Credit	<input type="checkbox"/>
			<input type="text"/>

Section 2: Residency Status (tick all those apply)

British Citizen	<input type="checkbox"/>	EU/EEA Citizen	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>	Refugee/Indefinite Leave to Remain	<input type="checkbox"/>
Humanitarian Protection	<input type="checkbox"/>	Discretionary Leave to Remain	<input type="checkbox"/>	National Asylum Support System (NASS)	<input type="checkbox"/>		

Section 3: Programme of Study

Year Group	<input type="text"/>	Programme of Study (e.g. A level/Btec)	<input type="text"/>
Subjects	1 <input type="text"/>	2 <input type="text"/>	
	3 <input type="text"/>	4 <input type="text"/>	
	5 <input type="text"/>	6 <input type="text"/>	

Section 4: Parent/Guardian/Carer(s) Details (to be completed by parent/guardian/carers)

Adult 1	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Adult 2	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Full Name <input type="text"/>					Full Name <input type="text"/>				
Home address (if different from young person) <input type="text"/> <input type="text"/> <input type="text"/>					Home address (if different from young person) <input type="text"/> <input type="text"/> <input type="text"/>				
Postcode <input type="text"/>					Postcode <input type="text"/>				
Home Telephone Number <input type="text"/>					Home Telephone Number <input type="text"/>				
Mobile Telephone Number (if applicable) <input type="text"/>					Mobile Telephone Number (if applicable) <input type="text"/>				
Relationship to young person <input type="text"/>					Relationship to young person <input type="text"/>				

Section 5: Income Information (to be completed by parent/guardian/carers)

Do you receive any of the following?	Adult 1	Adult 2	(evidence <u>must</u> be provided)	Adult 1	Adult 2
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	Income-related Employment Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
P60 if none of the above	What was your total household income for the last				£ <input type="text"/>

Section 6: Bursary being applied for

Medium Priority (Gross Family income below £20,000)	<input type="checkbox"/>	Low Priority (Gross household income between £20,000 and £30,000)	<input type="checkbox"/>
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Section 7: Young Person Bank Details (if the application is successful, payments will be paid into your bank account)

Bank/Building Society Name	<input type="text"/>	Name of Account Holder	<input type="text"/>
Sort Code	<input type="text"/>	Number	<input type="text"/>

Section 8: Parent/Guardian/Carer(s)/Young Person Declaration

I confirm that the information given on this application form is true and correct and that I have provided supporting evidence of the Income Support/total household income shown above.

Adult 1 Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult 2 Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Young Person Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	<input type="text"/>	Checked by	<input type="text"/>
Application Complete?	<input type="text"/>	Evidence Submitted?	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Interview arranged?	<input type="text"/>