



**Heston Community School
16 – 19 Bursary Fund
Application Form 2017/18**

Office Use Only	
Date Received	
Evidence Provided	
Bursary Decision	

Personal Details	
Name:	Tutor Group:
Date of Birth:	Age as at 31 August 2017*:
Address:	
Telephone:	Mobile:
Email:	
Financial Assistance Applied For	
I am Applying for (please tick required option and complete the appropriate section below)	
<input type="radio"/> High Priority Bursary (Band 1) – Refer to section 1 <input type="radio"/> Discretionary Bursary (Band 2) – Refer to section 2 <input type="radio"/> Discretionary Bursary (Band 3) – Refer to section 2 <input type="radio"/> Educational Support Grant – Refer to section 3	

***To be able to apply you must be ages 16, 17 or 18 on 31st August 2017**

PLEASE RETURN THE COMPLETED APPLICATION TO STUDENT SERVICES

NB Please provide as much supporting documentation as possible. A decision can be reached more quickly when full information is made available.

Section 1	
Application for High Priority Bursary (Band 1) – Please tick as appropriate	
<input type="radio"/> I am currently in Local Authority Care <input type="radio"/> I am currently living independently having left Local Authority Care <input type="radio"/> I am currently in receipt of Income Support <input type="radio"/> I am in receipt of both Employment and Support Allowance and Disability Living Allowance	Please provide official written evidence of circumstances to support your application

Section 2	
Application for Discretionary Bursary (Band 2 or 3) – Please tick as appropriate	
<input type="radio"/> I was in receipt of Free School Meals during Year 11*	
My Family is in receipt of one or any of the following*:	
<input type="radio"/> Income Support	<input type="radio"/> Pension Guarantee Credit
<input type="radio"/> Child Tax Credit	<input type="radio"/> Employment and Support Allowance
<input type="radio"/> Working Tax Credit	<input type="radio"/> Support under Part IV of the
<input type="radio"/> Job Seekers Allowance (JSA)	Immigration and Asylum Act 1999
Total Annual Household Income in the 2016/17 tax year (including benefits below £20,000?)	
<input type="radio"/> Yes	<input type="radio"/> No
<i>Please provide proof of <u>all</u> income for the tax year 2016/17 (i.e. Full not partial copies of Tax Credits Award 2016/17, Most recent P60)</i>	
Please indicate number of dependent children in the family unit who are living in the same household:	

Section 3	
Application for Educational Support Grant	
Please provide details of reason for application and evidence of income to support the claim (2016/17 Tax year - Tax Credits awards, P60, etc.) indicating the amount required and purpose it will be used for:	
Please indicate number of dependent children in the family unit who are living in the same household:	

All Applicants must fill in the following section:

Details of Financial Assistance Requested*	Estimated Cost (£)
Books and Equipment	
Fees, Exam Resits	
Transport costs to and from school	
Emergency Accommodation/Meals	
Course Trips	
Interviews and University Open Days	
Other Costs	
Total Amount Requested	

*Please do not make purchases/bookings before your application for assistance is approved

Where appropriate receipts may be required.

DECLARATION

I/We declare the information given in support of this application is correct and complete to the best of my/our knowledge and belief.

I/We will inform Heston Community School immediately of any change of circumstances at any time, which may affect my entitlement to support (for example if I leave school or parents' income changes).

I/We understand that this information will not be shared with third party organisations except for audit purposes.

I/We understand that poor attendance (unauthorised absence), non-compliance with the Sixth Form Agreement, receipt of a Formal Warning may result in the loss of financial support.

I/We understand that awards are made subject to the school being in receipt of sufficient funds from the Education Funding Agency.

Student Signature: Date.....

Parent/Carer/Responsible Adult

Signature:

Please Print Name: Date.....

Please Supply the school with the following details to receive your bursary payment by BACS transfer.

Basic Details

Title:	
Forenames:	
Middle Names:	
Surname:	

Bank Details

Bank/Building Society Name:	
Bank/Building Society Address:	
Account Holder Name:	
Account Number:	
Sort Code:	

I confirm that I have checked the details given above are correct and understand that the failure to provide accurate details will result in a delay in the payment of the bursary.

Student Name:			
Signature:		Date:	

Please hand this to Students Services by 29/09/17.