

Heston Community School 16 - 19 Bursary Fund Application Form 2016/17

Office Use Only	
Date Received	
Evidence Provided	
Bursary Decision	

Personal Details			
Name:	Tutor Group:		
Date of Birth:	Age as at 31 August 2016*:		
Address:			
Telephone:	Mobile:		
Email:			
Financial Assistance Applied For			
I am Appling for (please tick required option and complete the appropriate section below)			
O High Priority Bursary (Band 1) - Refer to section 1			
 Discretionary Bursary (Band 2) - Refer to section 2 			
 Discretionary Bursary (Band 3) - Refer to section 2 			
 Educational Support Grant - Refer t 	o section 3		

*To be able to apply you must be ages 16, 17 or 18 on 31st August 2016

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.

Sectio	Section 1			
	Application for High Priority Bursary (Band1) - Please tick as appropriate			
0 0	I am currently in Local Authority Care I am currently living independently having left Local Authority Care	Please provide official written evidence of		
0	I am currently in receipt of Income Support	circumstances		
0	I am in receipt of <u>both</u> Employment and Support Allowance <u>and</u> Disability Living Allowance	to support your application		

Specialist Visual Arts Academy

www.hestoncommunityschool.co.uk

Section 2				
Application for Discretionary Bursary (Band 2 or 3) - Please tick as appropriate				
0	I was in receipt of Free School Meals during Year 11*			
My Family is in receipt of one or any of the following*:				
0	Income Support	Ο	Pension Guarantee Credit	
0	Child Tax Credit O Employment and Support Allowanc			
0	Working Tax Credit	 Support under Part IV of the 		
0	Job Seekers Allowance (JSA) Immigration and Asylum Act 1999			
Total Annual Household Income in the 2015/16 tax year (including benefits below £20,000?				
0	Yes 🔿 No			
Please provide proof of <u>all</u> income for the tax year 2015/16 (i.e. Full not partial copies				
of Tax Credits Award 2015/16, Most recent P60)				
Please indicate number of dependent children in the family unit who are				
living ir	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 (2015/16 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:

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Details of Financial Assistance	Estimated Cost (£)
Requested*	
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...... Date......

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 30/09/16.