



The Thomas Hardye School
16 - 19 Bursary Fund
APPLICATION 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:		
Home Tel:	Student Mobile:	
Student Email:		

I am applying for:
 (Please tick required option and complete the appropriate section below)

- High Priority Bursary (Band 1) – Please complete Section 1
- Discretionary Bursary (Band 2) – Please complete Section 2
- Discretionary Bursary (Band 3) – Please complete Section 2
- Discretionary Bursary (Band 4) – Please complete Section 2
- Educational Support Grant - Please complete Sections 2 and 3

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

**PLEASE RETURN THE COMPLETED APPLICATION TO
 MRS BUCK IN THE 6TH FORM ATTENDANCE OFFICE**

SECTION 1

**APPLICATION FOR HIGH PRIORITY BURSARY (BAND 1) – Please tick as appropriate
 (Statements relate to student only)**

<input type="checkbox"/> I am currently in Local Authority Care <input type="checkbox"/> I am currently living independently having left Local Authority Care <input type="checkbox"/> I am currently in receipt of Income Support <input type="checkbox"/> I am in receipt of both Employment and Support Allowance and Disability Living Allowance	<p>Please provide written evidence of circumstances to support your application</p>
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SECTION 2

APPLICATION FOR DISCRETIONARY BURSARY (Bands 2, 3 or 4) or FOR AN EDUCATIONAL SUPPORT GRANT – Please tick as appropriate

I was in receipt of Free School Meals during Year 11

My family is in receipt of one or any of the following (***Please provide evidence of benefits:***):

- | | |
|--|--|
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Pension Guarantee Credit |
| <input type="checkbox"/> Child Tax Credit * | <input type="checkbox"/> Employment and Support Allowance |
| <input type="checkbox"/> Working Tax Credit * | <input type="checkbox"/> Support under Part IV of the
Immigration and Asylum Act 1999 |
| <input type="checkbox"/> Job Seekers Allowance (JSA) | |

Total Annual household income in the 2016/2017 tax year (including benefits) below £25,000?
Please provide proof of (eg most recent P60):

- Below £16,000 £16,000 to £20,000 £20,000 to £25,000

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 (***Tax Credit awards, P60, etc***) indicating amount required and purpose it will be used for:

*** IMPORTANT:** *Please ensure that full copies of Tax Credit Awards are provided with this application as partial copies will be returned, potentially delaying payment. The more evidence of income that can be provided with this application, the easier it will be for a decision to be reached on the level of bursary granted.*

ALL APPLICANTS:

SUBJECT(S) TO BE STUDIED			
1.	2.	3.	4.

DETAILS OF FINANCIAL ASSISTANCE REQUESTED Please do not make purchases/bookings before assistance is approved. Where appropriate receipts may be required	ESTIMATED COST (£)
Travel to and from The Thomas Hardy School (For those travelling from Bridport/Weymouth/Portland a contribution can be given towards an annual Bus Pass for First Bus. The pass allows travel at weekends and during school holidays in addition to travel to and from school)	
Equipment/Clothing - Subject related (please specify)	
Other (please specify)	

DECLARATION

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

Student Signature:..... Date:

Parent/Guardian/
Responsible Adult Signature:

Please Print Name: Date:

STUDENT'S BANK ACCOUNT

(Payments will be made directly to the student by BACS transfer)

Name of Bank:

Branch:

Student Account Title (ie Mr J Doe):

Sort Code:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Account No:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please remember to inform Mrs Buck if bank account details change through the course of the school year.