

Bursary Fund Application Form 2022-2023

16-19 Bursary (England)

Student Details	
Name:	
Age at 31/08/2022:	

Complete either Section A & Section C; or Section B & Section C.

Section A: Discretionary Bursary Request (for students aged 16 and over)

(1) Entitlement based on household income.

(i) Free School Meals	
Is this student in receipt of the Free School Meals Government Grant?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
(ii) Annual Household Income – Parent/Guardian	
Was your annual household income in the last tax year (including benefits) below £23,000? (Please send copy of P60)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii) Benefits and Allowances – Parent/Guardian	
Please tick and enclose proof if you receive any of the following:	
<input type="checkbox"/> Income Support	<input type="checkbox"/> Support under Part IV of the Immigration and Asylum Act 1999
<input type="checkbox"/> Child Tax Credit	<input type="checkbox"/> Pension Guarantee Credit
<input type="checkbox"/> Working Tax Credit	<input type="checkbox"/> Employment & Support Allowance
<input type="checkbox"/> Job Seeker’s Allowance (JSA)	<input type="checkbox"/> Universal Credit

(2) Please tell us what you intend to use the money for.

Type of Assistance Required		
	£ Cost	Termly or One-off?
<i>(Examples: transport costs, educational trips, books or equipment –see Guidance notes)</i>		
a		
b		
c		

You may need to provide receipts or invoices as evidence of these costs, unless the cost is a charge made by the Academy

Additional Information

Please use the space below to give us any additional information to support your application

Now please go to Section C.

Section B: Vulnerable Bursary Request (students aged 16-19 only)

(1) Entitlement based on student's status (student in care, or care leaver, or receiving certain benefits *themselves*).

Student Status – Do you...?	
	Please tick
Live in Local Authority Care	
Live independently, having left Local Authority Care	
Receive Income Support/Universal Credit	
Has a disability and receive both Employment Support Allowance <u>and</u> Disability Living Allowance (or Personal Independence Payments)	

(2) You will need to provide written evidence as proof of the above. Please attach to the form.

Proof enclosed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Now please go to Section C.

This page must be completed and signed.

Section C: Payment Details and Declaration

Please provide the student's bank account details for payments

Please remember the Bursary should be paid into the student's own bank account

Account Name:	
Bank Name:	
Sort Code:	
Account Number:	

Part-time students

I understand that as I attend college education on a part-time basis, I am only entitled to a pro-rata payment of the full amount.

Signature:	Date:
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Declaration

The declaration below must be signed by the student and parent/guardian, if income details have been provided. Please attach any documents to this form and return to:

Academy Administration Team
the Deaf Academy
1 Douglas Avenue
Exmouth EX8 2AU
Email: reception@exeterdeafacademy.ac.uk

- I/We declare that the information provided in support of this application is correct and completed to the best of my/our knowledge.
- I/We understand that if the student leaves their course before completion, the Academy will attempt to re-claim any monies allocated.
- I/We understand that where there are concerns with attendance or behaviour the Academy may withhold payment.
- I/We understand that this information will not be shared with third party organisations, except for audit purposes.
- I/We understand that any claims found to be fraudulent will be repaid in full and that criminal proceedings may follow.

	Name:	Signature:	Date:
Student			
Parent/Guardian 1			
Parent/Guardian 2			

Office Use only			
Student Name:			
Date Received:			
Evidence checked:	Signed:	Date:	
Date passed to Senior Leadership:			
Decision & Justification:			
Amount agreed:			
Approval:			
Signed:		Name:	
Position:		Date:	

Student/Parent informed of decision	
Payment details (ie receipts or regular)	

Please return this form with your evidence to:

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the Deaf Academy
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EX8 2AU