

CONFIDENTIAL**THE EMMBROOK SCHOOL**
16-19 Bursary Fund 2025/2026**Application Form****Section 1: Young Person Details**

Student ID	<input type="text"/>	E-mail	<input type="text"/>										
Surname	<input type="text"/>	Forename	<input type="text"/>										
Home address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y				
D	D	M	M	Y	Y								
Postcode <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										Age on 1st September 2025 <input type="text"/>			
		Home Telephone Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
		Mobile Telephone Number (if applicable) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Do any of these apply to you? (tick all those that apply)													
I am living independently	<input type="checkbox"/>	I am a looked after young person	<input type="checkbox"/>										
I do not live with my parent(s)	<input type="checkbox"/>	I have been a looked after young person	<input type="checkbox"/>										
I am a parent	<input type="checkbox"/>	I am living in hostel accommodation	<input type="checkbox"/>										
I or my sibling(s) in receipt of Free School Meals	<input type="checkbox"/>	I consider myself disabled	<input type="checkbox"/>										
I am receiving Disability Living Allowance	<input type="checkbox"/>	I receive Income Support in my name	<input type="checkbox"/>										
I receive another Financial Benefit (please state below)	<input type="checkbox"/>	I am receiving Employment Support Allowance	<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. AS/A2/ BTEC/GCSE)	<input type="text"/>
Subjects	1	<input type="text"/>	2
	3	<input type="text"/>	4
	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		Mrs		Ms		Miss		Adult 2	Mr		Mrs		Ms		Miss	
Full Name									Full Name								
Home address (if different from young person)									Home address (if different from young person)								
Postcode									Postcode								
Home Telephone Number									Home Telephone Number								
Mobile Telephone Number (if applicable)									Mobile Telephone Number (if applicable)								
Relationship to young person									Relationship to young person								

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			Income-related Employment Support Allowance		
Income-based Jobseekers Allowance			Pension Credit		
What was your total household income for the Tax Year 2024/2025?			£		

Section 6: Bursary being applied for

Guaranteed		Discretionary		Exceptional*		*please enclose supporting statement outlining your needs
------------	--	---------------	--	--------------	--	---

Section 7: Young Person Bank Details (if the application is successful, payments will be paid into your bank account)

Bank/Building Society Name		Name of Account Holder	
Sort Code		Number	

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

I confirm that the information given on this application form is true and correct

Adult 1 Signature		Date	D	D	M	M	Y	Y
Adult 2 Signature		Date	D	D	M	M	Y	Y
Young Person Signature		Date	D	D	M	M	Y	Y

Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	D	D	M	M	Y	Y	Checked by	
Application Complete?	Y	N	Evidence Submitted?	Y	N	More information needed?	Y	N