



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	Male <input type="checkbox"/> Female <input type="checkbox"/> (Please tick) Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Age on 1st September 2020 <input type="text"/>		
Postcode	<input type="text"/>	Home Telephone Number	<input type="text"/>
		Mobile Telephone Number (if applicable)	<input type="text"/>
Do any of these apply to you? (tick all those that apply) I am living independently <input type="checkbox"/> I do not live with my parent(s) <input type="checkbox"/> I am a parent <input type="checkbox"/> I or my sibling(s) in receipt of Free School Meals <input type="checkbox"/> I am receiving Disability Living Allowance <input type="checkbox"/> I receive another Financial Benefit (please state below) <input type="checkbox"/> <input type="text"/>		I am a looked after young person <input type="checkbox"/> I have been a looked after young person <input type="checkbox"/> I am living in hostel accommodation <input type="checkbox"/> I consider myself disabled <input type="checkbox"/> I receive Income Support in my name <input type="checkbox"/> I am receiving Employment Support Allowance <input type="checkbox"/>	

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 <input type="text"/>	
	3 <input type="text"/>	4 <input type="text"/>	
	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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Full Name <input type="text"/>					Full Name <input type="text"/>				
Home address (if different from young person) <input type="text"/> <input type="text"/> <input type="text"/>					Home address (if different from young person) <input type="text"/> <input type="text"/> <input type="text"/>				
Postcode <input type="text"/>					Postcode <input type="text"/>				
Home Telephone Number <input type="text"/>					Home Telephone Number <input type="text"/>				
Mobile Telephone Number (if applicable) <input type="text"/>					Mobile Telephone Number (if applicable) <input type="text"/>				
Relationship to young person <input type="text"/>					Relationship to young person <input type="text"/>				

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	<input type="checkbox"/>	<input type="checkbox"/>	Income-related Employment Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
What was your total household income for the Tax Year 2019 / 2020?				£ <input type="text"/>	

Section 6: Bursary being applied for

Guaranteed	<input type="checkbox"/>	Discretionary	<input type="checkbox"/>	Exceptional*	<input type="checkbox"/>	*please enclose supporting statement outlining your needs
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Section 7: Young Person Bank Details (if the application is successful, payments will be paid into your bank account)

Bank/Building Society Name	<input type="text"/>	Name of Account Holder	<input type="text"/>
Sort Code	<input type="text"/>	Number	<input type="text"/>

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	<input type="text"/>	Date	<input type="text"/>
Adult 2 Signature	<input type="text"/>	Date	<input type="text"/>
Young Person Signature	<input type="text"/>	Date	<input type="text"/>

Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	<input type="text"/>	Checked by	<input type="text"/>		
Application Complete?	<input type="text"/>	Evidence Submitted?	<input type="text"/>	More information needed?	<input type="text"/>