

**CONFIDENTIAL****THE EMMBROOK SCHOOL**  
**16-19 Bursary Fund 2026/2027****Application Form****Section 1: Young Person Details**

|                                                           |                          |                                             |                          |
|-----------------------------------------------------------|--------------------------|---------------------------------------------|--------------------------|
| Student ID                                                |                          | E-mail                                      |                          |
| Surname                                                   |                          | Forename                                    |                          |
| Home address                                              |                          | Date of Birth                               |                          |
|                                                           |                          | D D M M Y Y                                 |                          |
|                                                           |                          | Age on 1st September 2026                   |                          |
|                                                           |                          |                                             |                          |
|                                                           |                          | Home Telephone Number                       |                          |
|                                                           |                          |                                             |                          |
| Postcode                                                  |                          | Mobile Telephone Number (if applicable)     |                          |
|                                                           |                          |                                             |                          |
| 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"/> |
|                                                           |                          |                                             |                          |

**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 |   | Programme of Study (e.g. AS/A2/ BTEC/GCSE) |  |
| Subjects   | 1 | 2                                          |  |
|            | 3 | 4                                          |  |
|            | 5 | 6                                          |  |

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 2025/2026? |         |         | £                                           |         |         |

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 |  |  |  |  |  |  |  |  |  |