

## APPLICATION TO 2025-26 16-19 BURSARY FUND

*Prior to completing this form please ensure you have read the  
16-19 Bursary Fund Information Sheet*

<b>LEARNER DETAILS</b>	Title: Mr/Mrs/Miss/Ms: _____
Last name: _____	First name(s): _____
Date of birth: _____	Year (2025-26): 12 / 13 <i>(delete as appropriate)</i>
Phone Number: _____	Email: _____
Address: _____	
_____ Postcode: _____	
I confirm that the details provided on this form are true and accurate.	
Signed: ..... Date: _____	

<b>PARENT DETAILS</b>	Title: Mr/Mrs/Miss/Ms: _____
Last name: _____	First name(s): _____
Date of birth: _____	National Insurance number: _____
Phone Number: _____	Email: _____
Address: _____	
_____ Postcode: _____	
I confirm that the details provided on this form are true and accurate.	
Signed: ..... Date: _____	

**Below are examples of relevant evidence of household income; evidence of these must be submitted with this form (copies will be taken where originals are supplied). If no evidence is supplied we will be unable to process your application. Please confirm if you receive any of the following:**

	Yes / No	Evidence provided (please tick)
Universal Credit.		
Income Support.		
Income-based Job Seeker's allowance.		
Income related employment and support allowance.		
Child tax credit and/or Working Tax Credit.		
Guarantee element of the State Pension Credit.		
Support under Part VI of the Immigration & Asylum Act 1999.		
Earnings from employment, self employment or any other income (such as maintenance).		
Disability-related benefits.		
PLEASE NOTE: these are EXCLUDED from our calculations.		

**Please tick the relevant box to indicate under which category this application is being made:**

Vulnerable or High Priority (100%)	Medium Priority (75%)	Low Priority (50%)
<input type="checkbox"/> Learner is in receipt of Free School Meals <input type="checkbox"/> Learner is living in care <input type="checkbox"/> Learner is leaving or has recently left care <input type="checkbox"/> Learner is directly receiving Income Support* <input type="checkbox"/> Learner is disabled and receiving both Employment Support Allowance and Disability Living Allowance <input type="checkbox"/> Gross annual household income is less than £25,000	<input type="checkbox"/> Gross annual household income is between £25,001- £27,000  Please state:  £ _____	<input type="checkbox"/> Gross annual household income is between £27,001-£32,000  Please state:  £ _____

**For internal use only:-**

In receipt of Free School Meals: Y/N

Household income calculation (excluding any disability-related benefits):

Any other information to consider:

Level of assistance:

Review date:

Reviewed by: