BURSARY FUND APPLICATION 2021-22 Student Form



1. PERSONAL DETAILS				
Name:				
Date of Birth:	Tutor Group:			
Address:				
Mobile:	Email Address:			
2. RESIDENTIAL DETAILS				
2.1 Have you ever lived outside of the UK	or EU?			
YES NO (If 'Yes' please cor	nplete section 2.2 onwards. If 'No' contin	ue to section 2.4)		
2.2 What date did you enter the UK or EU	?			
2.3 What is your current status? Please ne	ote you will need to show proof of your re	esidential status.		
Refugee Leave to remain As	ylum Seeker Humanitarian Protec	tion		
		Office Use Only Proof attached : Y/N		
2.4 Please tick the option that best describ	oes your living situation			
Lives with Parents who have responsibility for you Live in Local Authority Care Lives on own				
Live with Carers/ Guardians who have responsibility for you Other (If other, please specify below)				
2.5 Are you in Local Authority Care, a Car need to provide a Social Services letter to		Please note you will		
YES NO				
2.6 Do you currently receive any of the fol a letter from the Department for Work and		ou will need to provide		
Income Support or Universal Credit	Employment Support Allowance			
Disability Living Allowance or Personal Inc	dependence Payments	Office Use Only Letter attached: Y/N		

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2.7 Are you in receipt of Free School Meals					
YES NO	Office Use Only Confirmed with ESCC : Y/N				
3. BANK DETAILS					
Please note, should you be eligible for the bursary fund, payments will be made into a bank account in the STUDENT name only. Students will therefore need their own bank account.					
Name and address of Bank where account held:					
Sort Code: Account Number:					
4. YEAR / SUBJECT CONFIRMATION					
This application for such in Year 12 / Year 13 (delete as applictable)					
Please list below all A Level and BTEC courses to be studied during the academic year 2021/22:					
5. FUNDING NEEDS					
Places fill out the information below to cutting how much funding you require	to cover each cost Ma will				

Please fill out the information below to outline how much funding you require to cover each cost. We will use the information provided in this section alongside the information outlined in sections two to four to determine the outcome of the application.

Funding for transport will be assessed on the most economical method of travel.

Category	Tick	Further Details – including estimated costs where relevant (with evidence where available)
Travel to/from Sixth Form		Method of transport:
		Distance between Seaford Head Sixth Form and home:
		If bus, please confirm the bus route/bus operator:
		Expected cost of bus pass: £
Free School Meals		
Books for the subject(s) you are studying		Details of the books required:

UCAS Appliciation, University Interviews/Open Days, Preparation courses					
Other educational needs (please give details)					
6. PRIVACY NOTICE/ LEARNER I	DECLARA	TION			
The information you provide on this form will be used to access your eligibility for either the Vulnerable Bursary or the 16-19 Discretionary Bursary. All evidence will be treated as confidential.					
I can confirm that all the information on this form and evidence provided is correct.					
I understand that this form does not guarantee me entitlement to the bursary fund.					
I understand I must adhere to the terms and conditions of the fund, including the behaviour, attendance and punctuality expectations set out by the school.					
I understand that if I do not adhere to these terms and conditions, I may not receive the bursary payment.					
I understand that all payments must be made directly into a bank account in my name.					
I understand that if I leave Seaford Head Sixth Form during the academic year, I will not be eligible to receive further payments from Seaford Head Bursary.					
SIGNED (BY STUDENT):		DATE:			

BURSARY FUND APPLICATION 2021-22 Parent Form



PLEASE NOTE THIS SECTION NEEDS TO BE COMPLETED BY THE ADULT(S) WHO IS MAINLY RESPONSIBLE FOR YOU.

1. PERSONAL DETAILS					
1.1 I am/We are the adult	ts mainly responsible for:				
1.2 Fill in the details below	ow if you are the adults responsible for t	the student and they live with you			
	ADULT 1	ADULT 2			
Surname/ Family Name					
First Name					
Relationship to student					
2. INCOME – for the tax	year 2020/21				
	Il us about your household income is fro	om your Tax Credits Award notice letter			
I am including the Tax Cr	redits notice: YES NO	Office Use Only			
		Tax Credit Confirmed : Y/N			
		Proof Attached : Y/N			
Total income recorded on the form: £					
2.2 Do you receive a Means Tested Benefit?					
Adult 1 : Yes / No (delete as applicable)					
Adult 2 : Yes / No (delete as applicable)					
2.3 If you have answered YES to section 2.2 please tick all the types of support you receive:					
Please note that evidence of relevant benefits must be attached to the application along with the following:					
Universal Credit					
Personal Independence Payment (Disability Allowance) Working Tax Credit Pension Credits					
Other (Please Specify)					

2.4 Please fill in the below to outline your household income:	ADULT 1	ADULT 2
Total earnings from all jobs (before taking off Tax and NI) (last 3 pay slips)	£	£
Total income from self employment (certified accounts)	£	£
Child Tax Credit	£	£
Working Tax Credit	£	£
Universal Credit	£	£
Personal Independence Payment	£	£
Job seekers allowance	£	£
Carers Allowance	£	£
Child Benefit	£	£
Income Support	£	£
Housing Allowance	£	£
Council Tax Benefit	£	£
Pension Guarantee Credit	£	£
Spousal Maintenance	£	£
Other (please state)	£	£
TOTAL	£	£
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Please note that evidence for the above will need to be provided (for all benefits received, 3 months benefit statements must be provided)

Office Use Only
Proof Attached: Y/N

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4. PARENT DECLARATION

The information you provide on this form will be used to access your child's eligibility for either the Vulnerable Bursary or the 16-19 Discretionary Bursary. All evidence will be treated as confidential.

I can confirm that all the information on this form and evidence provided is correct.

I understand that this form does not guarantee my child entitlement to the bursary fund.

I understand my child must adhere to the terms and conditions of the fund, including the behaviour, attendance and punctuality expectations set out by the school.

I understand that if my child does not adhere to these terms and conditions, they may not receive the bursary payment.

I understand that all payment must be made directly into a bank account in my child's name.

I understand that if my child leaves The Seaford Head Sixth Form during the academic year, my child will not be eligible to receive further payments from The Seaford Head Bursary.

SIGNED (ADULT 1):	DATE:
SIGNED (ADULT 2):	DATE: