

16-19 BURSARY FUND APPLICATION

(All information should be completed and submitted with proof of entitlement)

Prior to completing this form please read the guidance Financial Support information on page 3 of this document.

Applications cannot be approved without proof of entitlement.

I wish to apply for the following funding (*please read criteria and delete as appropriate*):

High priority funding under the following criteria (*please tick as appropriate*):

I am living in care	
I have just left living in care	
I am in receipt of Income Support in my own right	
I am disabled and receiving both Employment Support Allowance and Disability Living Allowance in my own right	

Medium priority funding under the following criteria (*please tick as appropriate*):

My gross household income is below £20,000	
I am in receipt of Free School Meals or have received Free Schools Meals during Years 7 to 11	
My household is in receipt of other means tested benefits	

Low priority funding under the following criteria (*please tick as appropriate*):

My gross household income is between £20,000 and £25,000	
I have another identifiable financial need (please explain below)	

This application for assistance from the 16 -19 Bursary Fund is made under the priority group of:

High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Up to £1,200 per annum	Up to £600 per annum	Up to £200 per annum
Complete Appendix 1	Complete Appendix 2	Complete Appendix 3

(*please tick one category and fill in the relevant form which can be found at the end of this document*)

Principal:

Tim Dobbs BA (Hons), NPQH
Chiltern Hills Academy
Chartridge Lane, Chesham
Buckinghamshire HP5 2RG

Telephone 01494 782066
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PARENT/CARER'S DETAILS

Surname/Family Name:	
First Names:	
Date of Birth	
Address	
Post Code	
National Insurance Number	
Home Phone	
Mobile Phone	

I confirm that the details on this application and the evidence provided are true and accurate and I have attached the required evidence to this application.

Parent/carer's Signature		Date	
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LEARNER'S DETAILS

Surname/Family Name:	
First Names:	
Date of Birth	
Address	
Post Code	
Email address	
Home Phone	
Mobile Phone	

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LEARNER'S BANK OR BUILDING SOCIETY DETAILS

To receive payments, you must have a bank account in your own name that will accept BACS payments. If you do not have a bank account, you need to open one before completing this form.

Name of Account Holder	
Name of Bank	
Branch	
Sort Code <i>(must be 6 digits)</i>	
Account Number <i>(must be 8 digits)</i>	
Roll Number <i>(Building Society Reference number)</i>	

I confirm that the details are true and accurate. I also accept that if I have any unauthorised absences throughout the school day or effort and/or behaviour falls below acceptable standards, funding may be removed.

Learner's Signature		Date	
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The application form and appropriate appendix needs to be handed to the Sixth Form office as soon as possible after admission to the Sixth Form in September.

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Create, Aspire and Excel
to 'Live life in all its fullness' (John 10:10)

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