

## Barnwell School 16 to 19 Bursary Application 2023/2024 Defined Vulnerable Groups Bursary

Defined Vulnerable Group Bursary: for students in financial need who are in care, care leavers, students receiving Income Support (or Universal Credit) in their own name and disabled students in receipt of Disability Living Allowance or Personal Independence Payments.

Please read the School's Bursary guidance carefully before completing and submitting your application.

## Section A (to be completed by the Student)

Student's full name	
Students full address including postcode:	
Contact telephone number:	
Email address:	

I wish to claim support from the 16 to 19 Defined Vulnerable Group Bursary Fund, and I provide the

following information as evidence of my personal circumstances (please tick as appropriate and attach documentary evidence). Tick as appropriate Written Local Authority evidence of looked-after or care status, or of previous looked-after status. For students in receipt of Income Support who are financially supporting themselves / and someone who is dependent on them. A copy of the award notice in their own name. For students in receipt of Universal Credit who are financially supporting themselves / and someone who is dependent on them who is living with the, a copy of the award notice in their own name, plus a tenancy agreement in the student's name, a child benefit receipt, child(ren) birth certificate, utility bills etc. For students in receipt of Universal Credit or Employment and Support Allowance in their own right, a copy of the claim / award notice, plus evidence of receipt of Disability Living Allowance or Personal Independence Payments. Other relevant financial evidence relating to household income or circumstances (please specify).

Information / evidence provided is for the sole purpose of this application and will be treated in the strictest confidence.

I confirm that I have read the Scho	ool's attached guidance, a	nd that the information	provided on this form		
is accurate and correct.					
I understand that any false inform	<u> </u>	•	_		
personal circumstances will result	•	•			
I understand that I may have to repay part or all of this assistance if my attendance, conduct or progress					
is not satisfactory.					
I confirm that I consider myself / my child to be in financial need.					
Student Signature:		Date:			
Parent / Guardian Signature:		Date:			
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Section B (to be completed by the Student)					
Student Bank / Building Society Details					
To receive payments, you must ha	ive a bank account in your	own name. If you do no	ot have a bank account,		
you will need to open one before completing this form.					
Name of Account Holder:					
Name of Bank:					
Branch Address:					
Branch Address.					
Account Number	Sort Code:				
Please note that if your application for the 16 to 19 Bursary Fund is unsuccessful, these details will be kept					
confidentially and securely, in line with ESFA requirements.					
Section C (to be completed by the Bursary Fund Administrator)					
I have seen the evidence required for the fully bursary and have placed copies on the student's file.					
Bursary Committee members in attendance:		Date of meeting:			
Award approved / amount:					
Actions agreed to reimburse student:					
Actions agreed to reiniburse student:					

Date:

Administrator name and signature:

School Business Manager authorisation: