

Academic Year:

Section A (to be completed by the Student)

Barnwell School 16 to 19 Bursary Application 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.

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).	my personal circumstances (please tic	ck as appropriate and attach	
, , , , , , , , , , , , , , , , , , , ,		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 Sup			
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			
For students in receipt of Universal C	redit who are financially supporting		
themselves / and someone who is de	pendent on them who is living with		
themselves / and someone who is de the, a copy of the award notice in	pendent on them who is living with their own name, plus a tenancy		
themselves / and someone who is de	pendent on them who is living with their own name, plus a tenancy		
themselves / and someone who is de the, a copy of the award notice in agreement in the student's name, a certificate, utility bills etc. For students in receipt of Universal	pendent on them who is living with their own name, plus a tenancy child benefit receipt, child(ren) birth Credit or Employment and Support		
themselves / and someone who is de the, a copy of the award notice in agreement in the student's name, a c certificate, utility bills etc. For students in receipt of Universal Allowance in their own right, a copy	child benefit receipt, child(ren) birth Credit or Employment and Support of the claim / award notice, plus		
themselves / and someone who is de the, a copy of the award notice in agreement in the student's name, a certificate, utility bills etc. For students in receipt of Universal Allowance in their own right, a copy evidence of receipt of Disability Living	child benefit receipt, child(ren) birth Credit or Employment and Support of the claim / award notice, plus		
themselves / and someone who is de the, a copy of the award notice in agreement in the student's name, a c certificate, utility bills etc. For students in receipt of Universal Allowance in their own right, a copy	child benefit receipt, child(ren) birth Credit or Employment and Support of the claim / award notice, plus		

Other relevant financial evidence relating to household income or					
circumstances (please specify).	is for the sale numess o	f this applicatio	and will be treated in the		
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 Schools accurate and correct. I understand that any false inform personal circumstances will result I understand that I may have to re is not satisfactory. I confirm that I consider myself / re	ation given, or failure to no in disqualification of supp pay part or all of this assis	otify the Sixth Fo ort and may res tance if my atte	orm Administrator a change in ult in further action.		
Student Signature:		Date:	Date:		
Parent / Guardian Signature:		Date:	Date:		
Section B (to be completed by the Student)					
Student Bank / Building Society De	etails				
To receive payments, you must ha		own name. If yo	u do not have a bank account,		
you will need to open one before	completing this form.				
Name of Account Holder:					
Name of Bank:					
Branch Address:					
Account Number	Sort Code:				
Please note that if your application	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					
Bursary Committee members in attendance: Da		Date of meeting	:		
Award approved / amount:					
Actions agreed to reimburse student:					
Administrator name and signature:		Date:			
School Business Manager authorisation:					