

Our Ref: MKC/Sxthfrm
September 2016



Dear Parents, Guardians and Carers

Re: 16 – 19 Bursary Fund – First Round Application

I am writing to advise you that the Government has provided a small amount of money for schools to provide support for students who face the greatest barriers to continuing their education in the Sixth Form. This letter provides a brief explanation of the fund and invites any students and their parents / carers to apply for support should they feel that they qualify. More information can be found at: <https://www.govuk/1619-bursary-fund>.

Your child may qualify for the 16-19 Bursary Fund, Application 1, if he/she meets one of the following criteria listed below:

You have a **child** in sixth form who is:

- in care
- a care leaver
- in receipt of income support
- a disabled young person in receipt of Employment Support Allowance who is also in receipt of Disability Living Allowance

The funds available are limited and will be awarded to the students in most need.

Application 2, which applies to the student's family, will be forwarded after 7th October 2016.

If you would like to apply for this support, then please complete the attached application form and return it, with the appropriate supporting documentation, to Mrs Chapman in the Sixth Form Office no later than Friday 7th October 2016. Applications will be considered by the school and awards decided based upon the evidence supplied. Please be assured that all applications will be treated in confidence.

Should you wish to discuss this matter further please do not hesitate to contact me at the school.

Yours sincerely

M Chapman

Mrs M Chapman
Barnwell Sixth Form

Attch.



STEVENAGE SIXTH
16-19 BURSARY FUND 2016/2017
APPLICATION FORM 1

Student's Name: _____

Parents / Carer: _____

Address: _____

Phone: _____

Please complete the following sections:

I have a child in sixth form who is:	<i>(please tick all those which apply)</i>
• in care	
• a care leaver	
• in receipt of income support	
• disabled and receiving Employment Support Allowance and Disability Living Allowance	

Please attach any **current** documentary evidence, including bank statements for those which apply. *(Please note that these categories apply to individual students and not their family circumstances.)*

I confirm that the information I have provided is correct.

Signed: _____ (Parent / Carer)

Date: _____

**Please return this form, including any supporting documentation to:
 Mrs Chapman – Barnwell Sixth Form by Friday 7th October 2016**