

16-19 BURSARY APPLICATION

2024/2025

The 16-19 Bursary Fund is made available to Belfairs Academy through the government funding body, the Education and Skills Funding Agency. It is designed to help and support any students who face financial barriers to full participation in post 16 education. Funds are limited and are targeted at those most in need. No guarantee can be given that your application will be successful. You must provide all required evidence, failure to do so will delay your application.



LEGRA
ACADEMY
TRUST

TO BE COMPLETED BY THE STUDENT

PRIVATE AND CONFIDENTIAL

| Part 1 – Personal Details | |
|--|---|
| Surname: | Title: (Mr/Mrs/Miss/Ms/Other) |
| Forename: | Learner ref number: Office Use Only |
| Address: | Date of birth: |
| | Age at 31/08/24: |
| | Telephone no: |
| Residential Status | |
| Have you lived in the UK for the last 3 years: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If No, are you: | |
| British Citizen <input type="checkbox"/> EU/EEA Citizen <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee <input type="checkbox"/> Other | |
| Part 2 – Subject Details | |
| Subjects chosen: | |
| Current year: | Year 12 <input type="checkbox"/> Year 13 <input type="checkbox"/> |
| Part 3a – Your Circumstances | |
| Please tick the following group(s) that best describe your circumstance(s) | |
| Learner in care | |
| Learner who has left care | |
| Learner in receipt of Income Support or Universal Credit | |
| Learner with a disability in receipt of Employment Support Allowance and Disability Living Allowance or Personal Independence Payments | |
| None of the above | |
| If you have ticked any of the above boxes please move directly to Part 4 | |
| Part 3b – Your Circumstances | |
| Are you living with parent(s) or carer(s) or sibling(s) over 18? | YES/NO (please circle) <i>If YES, you must provide evidence of your parent(s) or carer(s) or siblings(s) income in the table below.</i> |
| How many brothers/sisters (under age of 18 unwaged) live with you? | |

| Household Income to be completed by Parent(s)/Carer(s) | | |
|---|--------------------------|--------------------------|
| You MUST provide evidence of your HOUSEHOLD income | Parent/Carer/Sibling (1) | Parent/Carer/Sibling (2) |
| Employment income (please provide P60 to April 2024) | | |
| Self-employment income (please provide tax return) | | |
| Income from savings, shares, investments, trusts, dividends etc. (please provide official evidence) | | |
| Pension income (please provide P60 to April 2024) | | |
| Any other household income (please provide evidence) | | |
| Child Support Maintenance (please provide evidence) | | |
| Other benefits – please specify (please provide official evidence) | | |
| Total Household Income Office use only | | |

Part 4 – Course Related Costs

Please tick the following group(s) that best describe your circumstance(s)

| Type | Description (if applicable) | Cost (£) |
|--|------------------------------------|-----------------|
| Course books (e.g revision guides, dictionaries) | | |
| Equipment/materials (e.g. Ipads, stationary, paints, sports equipment, calculators, bags) | | |
| Uniform/kit (e.g. Sports, Art, DT) | | |
| Educational trips/visits | | |
| Transport (e.g. bus fare) | | |
| Lunch | | |
| Other (please specify) | | |
| Total costs | | |

Please note: all the above claims will need to be supported by Mr Rodulfo or Ms Talbott

Part 5 – Bank Details

If your application is successful, payments will be made directly into your bank account or building society account.

| | |
|---|--|
| Bank/building society name | |
| Name of account holder | |
| Account number | |
| Sort code | |
| Building society roll number (if applicable) | |

Part 6a – Statement in Support of your application

Please state clearly your reasons for applying for financial assistance. You may attach an additional sheet/information if necessary. Any applications for a 'Special Case' should be detailed in the box below. Please continue onto a separate sheet if necessary.

Part 6b – Bursary Conditions – to only be completed if you have ticked any boxes in Part 3a.

I confirm that I will attend my course regularly and abide by the Post 16 contract

I understand that if I withdraw at any time from my course, I may be liable to repay any funds paid on my behalf

Part 7 – Discretionary Support Fund Conditions

I undertake to advise the academy of any change in my financial circumstances.

I understand that I must maintain a 95% attendance rate and abide by the academy learner policies and code of conduct.

I understand that if I am subject to any of the academy's disciplinary procedures that I may be liable to repay any funds paid on my behalf.

I understand that if I withdraw at any time from my course; I may be liable to repay any funds paid on my behalf.

Part 8 – Your Declaration (Please read carefully before signing)

I have read and understood the conditions of assistance from the Discretionary Support Fund and have answered all questions to the best of my knowledge.

I accept that if I intentionally give any false or misleading information my present or any future application for support may be jeopardised.

The fund is public money and we have a duty to ensure it is spent fairly. Fraudulent claims are taken seriously. Failure to disclose information which is subsequently discovered may result in disciplinary action and the funds being withdrawn. We may also take action to recover funding which has been allocated as a result of a fraudulent claim.

Data Protection Act 2018 – I understand that the information that I have given on my application form will be electronically stored under the Data Protection Act 2018. This registration is mainly to collect statistical data but it also allows the academy to share information with other organisations to detect fraud. Further information about data confidentiality is available upon request.

Your signature:

Date:

| OFFICE USE ONLY | |
|--|-------------------------|
| Date application submitted: Time application submitted: | Staff initials: |
| Sufficient proof of income/benefit provided: | Yes/No |
| Comments: | |
| Extra information required: | Yes/No |
| Comments: | |
| Date letter sent: | Date evidence received: |
| Comments: | |
| OFFICE USE ONLY | |
| Amount applied for: | £ |
| % allocated based on household income: | |
| Amount awarded: | £ |
| To be paid as follows - | |
| Course books | |
| Equipment/materials | £ |
| Uniform/Kit (e.g. hair/beauty, sports, catering) | £ |
| Educational trips/visits | £ |
| Transport | £ |
| Other | £ |
| Notes: | |