16 - 19 Bursary Fund

Student Application for Support 2025-26

Please refer to the guidance notes to assist your application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | |  | | Forename: | | |  | | | | **Tutor Group:** | |  | |
| Address: | |  | | | | | | | | | | | | |
| Distance to Sixth Form (miles) Google maps will be used to verify mileage. | |  | | | | | | | | | | | | |
|  | | **Home:** | | | | | | | | **Mobile:** | | | | |
| Telephone Number: | |  | | | | | | | |  | | | | |
|  | | **Mother** (🗹) | | | | **Father** (🗹) | | | | | | **Other** (🗹) | | |
| **Whom do you live with?** | |  | | | |  | | | | | |  | | |
| **How many dependents under the age of 18 live at home with you?** | |  | | | | | | | | | | | | |
|  | | **Yes** (🗹) | | | | **No** (🗹) | | | | | | **Details** | | |
| **Are you a lead carer for a parent or sibling with a diagnosed illness** | |  | | | |  | | | | | |  | | |
| **Are you entitled to Free School Meals?** | |  | | | |  | | | | | |  | | |
|  | | **Looked After Child** (🗹)  Currently in care | **CARE Leaver** (🗹) | | | **Live independently** (🗹)  Without parents/guardian | | | **On Income Support/ Universal Credit** (🗹) | | | **Parent (on CARE to Learn)** (🗹) | | **Parents in the Armed Forces** (🗹) |
| **Do you fall into any of the following categories** | |  |  | | |  | | |  | | |  | |  |
|  | | **Bus/ Tram** (🗹) | | | | **Car** (🗹) | | | | | | **Walk/Bike** (🗹) | | |
| **How do you travel to the Academy** | |  | | | |  | | | | | |  | | |
| **Which criteria group do you meet?** | | Vulnerable Group: **Yes/No** | | | | | | Discretionary Group: **Yes/No** | | | | | | |
| **Does your course include placement?** | | **Yes/No** | | | | | | Subject: | | | | | | |
|  | | | | | | | | | | | | | | |
| Evidence is required as proof of both salaried income and any benefits or tax/universal credits as appropriate. Please ensure you provide evidence of all entitlements e.g. copies of P60s/ accounts and or any benefit entitlement documents etc.  Please complete the table below to indicate the details of household income. | | | | | | | | | | | | | | |
|  | Yes/No | | | | **Evidence required**  **Other** | | | | | | | | | |
| Salaried Income (P60) |  | | | | P60 for April 2025 or last 3 monthly wage slips if paid weekly we will need to see 3 months’ worth.  Self- employment: Latest Self-Assessment or Accounts for 2025. | | | | | | | | | |
| Income Support |  | | | | Award letter which is less than 3 months old on the date of application | | | | | | | | | |
| Incapacity Benefit/ Employment support allowance |  | | | | Award letter which is less than 3 months old on the date of application | | | | | | | | | |
| Job Seeker’s Allowance |  | | | | Award letter which is less than 3 months old on the date of application | | | | | | | | | |
| Working &/ Child Tax Credits |  | | | | All pages of the final/ amended tax credits awards notice for 2025/26 | | | | | | | | | |
| Universal Credit |  | | | | Latest 3 month statements | | | | | | | | | |
| **CARE to Learn** |  | | | |  | | | | | | | | | |
| **Personal Independent Payment** |  | | | | Award letter which is less than 3 months old on the date of application | | | | | | | | | |
| **Carer’s Allowance** |  | | | | Award letter which is less than 3 months old on the date of application | | | | | | | | | |
| **Other** |  | | | |  | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Declaration – PLEASE READ CAREFULLY | | | |
| I declare that;   * I have been resident in the UK for at least 3 years and satisfy the residency criteria in the EFA funding guidance. * the information given on this form is correct and complete to the best of my knowledge * I understand that if I leave the course or finish the course I will no longer be eligible to receive any financial support through the Academy * I understand that if I give false or incomplete information I may be prosecuted * I have read and understand the eligibility, payment and assessment criteria as set out in the guidance notes. * I understand that if my circumstances change I must inform the college immediately if it will affect my eligibility for the bursary * By signing this declaration, you agree to all terms and conditions under the GDPR section. | |  |  |
| ***Signature of applicant***  ***(STUDENT)*** |  | ***Date*** |  |

***APPLICATION APPROVAL - office use only***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Details of documents enclosed and household income*** | | | |
| ***Reviewed By:*** |  | ***Date*** |  |
| ***Application Approved:*** | *Yes/No* | | |
| ***Approved By:*** |  | ***Date*** |  |
| ***Category:*** |  | ***Allocation:*** |  |
| ***Additional Notes/Comments*** | | | |

**BACS PAYMENT DETAILS**

**FOR TRANSFER OF BURSARY PAYMENTS**

I confirm that all future payments made to me by Archway Learning Trust through the Bursary Fund should be sent direct to the above account. I will notify Bluecoat Sixth Form immediately if any of the above details should change. I shall not hold Archway Learning Trust liable for payments received late or not at all as a result of me providing incorrect information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Forename** |  | | **Surname** |  | |
|  |  | |  |  | |
| **Address** |  | | **Reg** |  | |
|  | |
|  | |
| **BANK ACCOUNT DETAILS** (This must be your own personal account) | | | | | |
| Bank/Building Society Name | |  | | | |
|  | |  | | | |
| Branch Name | |  | | | |
|  | |  | | | |
| Bank/Building Society Address | |  | | | |
|  | |  |  | |  |
| Bank Sort Code | |  | | | |
|  | |  |  | |  |
| Bank Account Number | |  | | | |
|  | |  |  | |  |
| Or Building Society Roll Number | |  | | | |
|  | |  |  | |  |
| Full Name on the account | |  | | | |

Date

Signed

**For Finance Use Only:**

Input By:

Input Date: