

CONFIDENTIAL

The Holt School 16-19 Bursary Fund

Discretionary Application Form

Section 1: Young Person Details

Unique Reference Number	<input type="text"/>	Tutor	<input type="text"/>
Surname	<input type="text"/>	Forename	<input type="text"/>
Home address			Male <input type="checkbox"/> Female <input type="checkbox"/> (Please tick)
		Date of Birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
		Current Age	<input type="text"/>
Postcode	<input type="text"/>	Home Telephone Number	<input type="text"/>
Email address:	<input type="text"/>	Mobile Telephone Number (if applicable)	<input type="text"/>
Do any of these apply to you? (tick all those that apply)		I am a looked after young person	<input type="checkbox"/>
I am living independently	<input type="checkbox"/>	I have been a looked after young person	<input type="checkbox"/>
I do not live with my parent(s)	<input type="checkbox"/>	I am living in hostel accommodation	<input type="checkbox"/>
I am a parent	<input type="checkbox"/>	I consider myself disabled	<input type="checkbox"/>
I or my sibling(s) are in receipt of Free School Meals	<input type="checkbox"/>	I receive Income Support in my own name	<input type="checkbox"/>
I am receiving Disability Living Allowance or PIP	<input type="checkbox"/>	I am receiving Employment Support Allowance	<input type="checkbox"/>
I receive another Financial Benefit (please state below)	<input type="checkbox"/>	I am receiving Universal Credit	<input type="checkbox"/>
	<input type="text"/>		

Section 2: Residency Status (tick all those apply)

British Citizen	<input type="checkbox"/>	EU/EEA Citizen	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>	Refugee/Indefinite Leave to Remain	<input type="checkbox"/>
Humanitarian Protection	<input type="checkbox"/>	Discretionary Leave to Remain	<input type="checkbox"/>	National Asylum Support System (NASS)			<input type="checkbox"/>

Section 3: Programme of Study

Year Group	<input type="text"/>	Programme of Study (e.g. AS/A2)	<input type="text"/>
Subjects	1 <input type="text"/>	2 <input type="text"/>	
	3 <input type="text"/>	4 <input type="text"/>	
	5 <input type="text"/>	6 <input type="text"/>	

Section 4: Parent/Guardian/Carer(s) Details (to be completed by parent/guardian/carers)

Adult 1 Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Full Name <input style="width:90%;" type="text"/> Home address (if different from young person) _____ _____ _____ Postcode <input style="width:100px;" type="text"/>	Adult 2 Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Full Name <input style="width:90%;" type="text"/> Home address (if different from young person) _____ _____ _____ Postcode <input style="width:100px;" type="text"/>
Home Telephone Number <input style="width:100px;" type="text"/> Mobile Telephone Number (if applicable) <input style="width:100px;" type="text"/> Relationship to young person <input style="width:150px;" type="text"/>	Home Telephone Number <input style="width:100px;" type="text"/> Mobile Telephone Number (if applicable) <input style="width:100px;" type="text"/> Relationship to young person <input style="width:150px;" type="text"/>

Section 5: Income Information (to be completed by parent/guardian/carers)

Do you receive any of the following?	Adult 1	Adult 2	(evidence <u>must</u> be provided)	Adult 1	Adult 2
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	Income-related Employment Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
What was your total household income for the last Tax Year?				£ <input style="width:150px;" type="text"/>	

Section 6: Bursary being applied for

Medium Priority (Gross Family income below £20,000) <input type="checkbox"/>		Low Priority (Gross household income between £20,000 and £30,000) <input type="checkbox"/>
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Section 7: Young Person Bank Details (if the application is successful, payments will be paid into your bank account)

Bank/Building Society Name <input style="width:95%;" type="text"/>	Name of Account Holder <input style="width:95%;" type="text"/>
Sort Code <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	Number <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>

Section 8: Parent/Guardian/Carer(s)/Young Person Declaration

I confirm that the information given on this application form is true and correct and that I have provided supporting evidence of the Income Support/total household income shown above.

Adult 1 Signature	<input style="width:95%;" type="text"/>	Date	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
Adult 2 Signature	<input style="width:95%;" type="text"/>	Date	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
Young Person Signature	<input style="width:95%;" type="text"/>	Date	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>

Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	Checked by	<input style="width:95%;" type="text"/>
Application Complete?	<input type="checkbox"/> Y <input type="checkbox"/> N	Evidence Submitted?	<input type="checkbox"/> Y <input type="checkbox"/> N
		Interview arranged?	<input type="checkbox"/> Y <input type="checkbox"/> N