

# ST Olave's Grammar School

# SIXTH FORM BURSARY APPLICATION FORM

The St Olave's Grammar School 16-19 Bursary Fund is designed to help and support any student aged 16 to 19 who faces financial barriers to participation in education and training, such as costs of food or equipment. Please see the 16-19 Bursary and Free School Meals Policy for information on eligibility criteria, on the application process and on payments.

Please complete this form in BLOCK CAPTIALS and **black** ink. If you need some help with this form, please contact a member of the 6<sup>th</sup> Form pastoral team.

Completed application forms should be returned to Mrs Davies, Pastoral and Attendance Officer.

#### **SECTION 1 - Student Details**

First Names:	Surname:
Form:	Address:
Date of Birth:	Home Telephone No:
Email:	Mobile No:

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#### SECTION 2 – Which type of bursary are you applying for and why?

There are two types of bursary that students may apply for, please identify which bursary you are applying for and the eligibility criteria relevant to you.

#### Type 1. Bursaries for Young People in Defined Vulnerable Groups

If you are applying for a type 1 bursary then please tick the box or boxes that apply to you and if you are in receipt of any of the benefits described include evidence for at least one of these benefits, such as an award letter or notice, with your application.

Students who themselves are:	Applicable	Evidence Provided
In care or care leavers		N/A
Receiving Income Support or Universal Credit because they are financially supporting themselves or financially supporting themselves and someone who is dependent on them and living with them such as a child or partner		
Receiving Disability Living Allowance or Personal Independence Payments in their own right as well as Employment and Support Allowance or Universal Credit in their own right		

#### **Type 2. Discretionary Bursaries**

If you are applying for a type 2 discretionary bursary then please tick the box or boxes that apply to you.

If you are applying on the grounds that you are eligible for free school meals you must submit a free school meals application with appropriate evidence, you do not need to provide evidence with this application.

If you are not eligible for free school meals and are applying on the grounds of low household income you must include evidence of household income, such as a monthly payslip, with this application.

Students who are:	Applicable	Evidence Provided
Eligible for free school meals – free school meal application form completed		N/A
Living in a low-income household, defined as a household receiving income less than 60% of the median household income (equal to 60% of £29,400 = £17,640 in 2019)		
Other relevant information (distance from school/dependant children i	n household	etc):

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### SECTION 3 – What would you like help with?

Travel to/from school	
Provide details of your journey including	
duration and daily/weekly ticket prices.	
Books or other equipment	
Provide details of books or equipment,	
please include approximate price where possible.	
possible.	
Educational trips	
List any approved school trips that you	
hope to participate in.	
Travel to visit universities or in support	
of other applications for further	
education	
Identify where you are hoping to go and	
if possible indicate approximate ticket	
cost.	
Other	

### **SECTION 4 - Student Bank Account Details**

Bank Name (e.g. NatWest)							
Branch Location (e.g. High Street, Bromley)							
Sort Code							
Account Number							
Roll Number (Building Society Account)							
SECTION 5 - Declaration							
Please read the declaration below carefully	oefore signi	ng:					
1. I declare that the statements made on the are correct in every respect. I undertake to support this application. I understand tha application will not be accepted. I also under in writing. I agree to repay the School information I have given is shown to be for	supply any t if I refuse to dertake to tel in full and ii	addition o provido I the Sch mmedia	al inform e informo nool of an tely any	nation that ation relev by change i sums adv	t may be ant to n in my cir	require ny claim cumstai	d to the nces
<ol><li>I am aware that the funding covers only to no guarantee that I will receive funding for</li></ol>	•						re is
Signed (Student):			Date:				
Signed (Parent / Carer):			Date:				
** Dloose oncure you have included th		<b>.</b>		listed in (	Costion	2 **	

\*\* Please ensure you have included the appropriate evidence as listed in Section 2 \*\*

\*\* Completed forms should be returned to Mrs Davies, Pastoral and Attendance Officer \*\*

Student Name:	
Date Received:	
Type of hursery	Type 1 Vulnerable Student
Type of bursary	Type 1 Vulnerable Student
	Type 2 Discretionary
Evidence Checked:	
Lvidence checked.	
Bursary Approved: Y	es or No
Amount Approved:	
Authorised by:	
raciionisca syr iiiiiiii	
Date of First Paymen	t:
Date of First Paymen	t:
Date of First Paymen  Additional Notes:	t:
	t: