

**ASHTON PARK SIXTH FORM**  
**16 – 19 BURSARY FUND APPLICATION FORM**  
**FOR GUARANTEED, REGULAR AND DISCRETIONARY PAYMENTS**  
**CONFIDENTIAL**

Please complete all the sections of this form using BLOCK CAPITALS

<b>SECTION 1 – About The Parent/Carer</b>						
Please provide your name as known by the Benefits Agency, Inland Revenue, Liberata or National Asylum Support Service						
<b>Surname:</b>				<b>Title:</b>	Mr/Mrs/Miss/Ms	
<b>First Name:</b>		<b>Middle Name:</b>		<b>Your Date of Birth:</b>		
<b>Address:</b>						
				<b>Postcode:</b>		
<b>National Insurance No:</b>			<b>Telephone Numbers:</b>	Home: Mobile: Other:		
<b>Do you have a husband/wife or partner living at this address?</b>				YES	<input type="checkbox"/>	NO <input type="checkbox"/>
<b>If yes, please give details:</b>	<b>Surname:</b>		<b>First Name:</b>			
<b>Have you moved home in the last 12 months?</b>				YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please give your previous address:						

<b>SECTION 2 –Confirmation of Student’s Status</b>						
<b>Full Name:</b>				<b>Date of Birth:</b>		
<b>Is the student</b>						
• looked after (In Care)				YES	<input type="checkbox"/>	NO <input type="checkbox"/>
• a care leaver				YES	<input type="checkbox"/>	NO <input type="checkbox"/>
• receiving income support				YES	<input type="checkbox"/>	NO <input type="checkbox"/>
• a disabled young person receiving both Employment Support Allowance and Disability Living Allowance				YES	<input type="checkbox"/>	NO <input type="checkbox"/>

**SECTION 3 – Confirmation of Parent/Carer benefit received**

Is the parent(s)/carer(s) in receipt of:

1. Free School Meals\* YES  NO *\*Please note we are unable to process your application for bursary funding until you receive notification of authorisation from Bristol City Council that your application for free school meals has been approved.*2. Child Tax Credit\*\* YES  NO *\*\*As proof of receipt of Child Tax Credit and income, please provide a copy of page 2 HMRC Final Tax Credits decision document for the most recent financial year for which you have records (or suitable alternative).***SECTION 4 – How much assistance are you claiming?**

Only complete this section if you are applying for a “one off” discretionary payment

Books	£
Equipment	£
Field Trips	£
Transport Costs	£
Additional Course Costs	£
Examination Fees Not Covered By Existing School Provisions	£
Other Costs Associated With Learning	£
Special Educational Needs Costs	£
Emergency Payments	£

**SECTION 5 – Bank details of student (into which the funding will be paid)**

Name of student (as per bank account):	
Bank Name:	
Sort Code:	
Account Number:	

**Declaration:**

I confirm that the information on this form is correct at the time of completion, and that I will inform the school as necessary if circumstances change.

Signed:..... (Parent/Carer)

Signed:..... (Student)

Date:.....

**Office Use Only****Award Granted:**

Guaranteed Bursary £1,200

Discretionary Bursary of £.....

‘One-off’ Discretionary Bursary of £.....

Assessed by (initials): .....

Assessment Date: .....

Letter Type: .....