

## APPLICATION FORM 16-19 BURSARY FUND 2024 -25

## STUDENT'S DETAILS \_\_\_/\_\_\_ FIRST NAME: DATE: **SURNAME** Is the Student in Local Authority care, a Care Leaver or living with a foster family? Yes/No (If yes, go straight to the declaration section) **DOCUMENTARY EVIDENCE FOR INCOME** PARENT/CARER 1: AMOUNT RECEIVED PARENT/CARER 2: AMOUNT Yes/No Type of income and evidence required RECEIVED (£) PER YEAR RECEIVED (£) PER YEAR Universal Credit (amount per year in the next box) (please provide the three most recent statements) Working Tax Credit (ALL pages of original Tax Credit Award Notice for the last tax year) Child Tax Credit (ALL pages of original Tax Credit Award Notice for the last tax year) Child Benefit (number of children under 18) Income Support (most recent statement) Job Seekers Allowance (most recent statement) Disability Living Allowance (most recent statement) Personal Independent Payment (PIP) (most recent statement) Pension (Credit/Employer's/Widow's) (most recent statement) Child support/maintenance payments Employment (most recent P60) Self-employed (latest filed accounts) Other source of income (e.g. property, shares etc) £ £ **TOTAL GROSS HOUSEHOLD INCOME**

| circumstances. It is have a duty of care on the form to detect control public funds              | a serious offence to give false information to protect the public funds we controlect and prevent fraud. We will also shads. Your application will be treated with a applied/are receiving financial assist.              | ation and will lead to pernal. We may use the inform are this information with confidentiality and other | nanent exclusion. We ation you have provided other organisations which |
|--|---|--|--|
| I confirm that I have  | e a UK bank account in my own name  | where payments can be re   | eceived.   |
|  | Account Number  |  | _ Sort Code:   |
| To be eligible to rec  | ole to receive help form the 16-19 Bursary Fund you must have been  resident in the UK for the past three years. Please enter the date you //   |  |  |
| PARENT/CARER/ST  | UDENT DECLARATION   |  |  |
| in our financial circu   | is our responsibility to notify Ursuline<br>umstances and that failure to do so ma<br>lure to do so may result in my repaying   | ay be considered as fraud  | ulent. I/We also   |
|  | at giving false or incomplete informati<br>being stopped and any incorrectly pair   |  | overpayment may result   |
| <ul><li>You must be</li><li>Your attenda</li><li>You must attendate</li><li>compulsory</li></ul> | e at the end of each half-term. If you de enrolled as a full-time student at Ursuance must be at least 96% for each haltend all subject lessons, including PSHI Sixth Form events.  ow high standards of attitude and beh | uline High School in the Si<br>If term.<br>E, Independent Learning I                                     | xth Form.  |
| -  | nat by not meeting these criteria may the information given on this form is t   | -  | •  |
| Adult 1 Signature:   |   | Date:  |  |
| Adult 2 Signature:   |   | Date:  |  |
| Student Signature:   |   | Date:  |  |
| PRIVACY NOTICE   |   |  |  |
| submitting this form   | ool complies with the principles of the<br>n, you consent to the Ursuline holding<br>e prevention and detection of fraud a<br>nt to do so.  | your information. The info   | ormation being collected   |

You must provide ALL the above documents which apply. Please provide original documents.

| Please return the completed form together with the original supporting documents to:  Ms Suarez, Lead Sixth Form Bursary, Ursuline High School.  Any queries please email <a href="mailto:lsabel.Suarez@ursulinehigh.merton.sch.uk">lsabel.Suarez@ursulinehigh.merton.sch.uk</a> |    |  |  |
|--|----|--|--|
| Date received by Lead Sixth Form Bursary   | // |  |  |
|  |    |  |  |