

CONFIDENTIAL

The Windsor Boys' School 16-19 Bursary Fund 2017/18

Application Form (Please submit to 6th Form Office)

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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Postcode	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/> (Please tick)
		Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Age on 1st September 2017	<input type="text"/>
		Home Telephone Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Mobile Telephone Number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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) in receipt of Free School Meals	<input type="checkbox"/>	I receive Income Support in my name	<input type="checkbox"/>
I am receiving Disability Living Allowance	<input type="checkbox"/>	I/Parent/Guardian receive Employment Support Allowance	<input type="checkbox"/>
I/Parent/Guardian receive another Financial Benefit (please state below)	<input type="checkbox"/>		<input type="checkbox"/>

PLEASE ENSURE YOU SUPPLY COPIES OF RELEVANT DOCUMENTS—P60 and/or benefits/allowances for 2016/2017

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"/>		<input type="checkbox"/>

Section 3: Programme of Study

Year Group	<input type="text"/>	Programme of Study (e.g. AS/A2/ BTEC/GCSE)	<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	Mrs	Ms	Miss	Adult 2	Mr	Mrs	Ms	Miss
Full Name					Full Name				
Home address (if different from young person)					Home address (if different from young person)				
Postcode					Postcode				
Home Telephone Number					Home Telephone Number				
Mobile Telephone Number (if applicable)					Mobile Telephone Number (if applicable)				
Relationship to young person					Relationship to young person				

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/Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>	Income-related Employment Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit & Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Personal Independence Payments	<input type="checkbox"/>	<input type="checkbox"/>
What was your total household income for the Tax Year 2016-17?				£	

Section 6: Bursary being applied for

Vulnerable Student	<input type="checkbox"/>	Discretionary *	<input type="checkbox"/>	*please complete attached form detailing your needs
--------------------	--------------------------	-----------------	--------------------------	---

Section 7: Young Person Bank Details (if the application is successful, payments will be paid into your bank account)

Bank/Building Society Name		Name of Account Holder	
Sort Code		Number	

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

I confirm that the information given on this application form is true and correct

Adult 1 Signature		Date	
Adult 2 Signature		Date	
Young Person Signature		Date	

Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked		Checked by	
Application Complete?	<input type="checkbox"/> Y <input type="checkbox"/> N	Evidence Submitted?	<input type="checkbox"/> Y <input type="checkbox"/> N
		More information needed?	<input type="checkbox"/> Y <input type="checkbox"/> N

Expense Type	Detail of Expense	Amount Required £
Uniform		
PE Kit		
Books		
Equipment		
Subscriptions		
Travel Expenses		
Curriculum School Trips		
Other (please specify)		
Total Claimed		0