



Hills Road Sixth Form College Cambridge

APPLICATION FOR 16-19 BURSARY FUND 2018-19

SECTION 1: GENERAL INFORMATION

Name: (Student)	Tutor Group:
Address:	
Post Code:	Contact Telephone Number:
Date of Birth:	Age at 31 st August 2018:
I am living with: (tick one box)	Parent(s)/guardian(s) <input type="checkbox"/> Alone <input type="checkbox"/>

SECTION 2: APPLICATION FOR VULNERABLE STUDENT BURSARY

Please provide written evidence to support your application

- I am currently in Local Authority Care
- I am currently living independently having left Local Authority Care
- I am currently in receipt of Income Support or Universal Credit
- I am in receipt of **both** Employment Support Allowance **and** Disability Living Allowance (Personal Independence Payments)

SECTION 3: APPLICATION FOR FREE MEALS

Please provide written evidence to support your application and complete Section 4

- I am eligible to receive Free School Meals or I have a sibling who currently receives Free School Meal

SECTION 4: APPLICATION FOR DISCRETIONARY BURSARY

Please provide written evidence to support your application

My family is in receipt of one of the following (please tick and provide evidence):

- Income Support
- Child Tax Credit
- Working Tax Credit
- Employment Support Allowance
- Job Seekers Allowance
- Universal Credit

Was the Annual household income in the 2017/18 year

Below £20,000

(Please attach proof, e.g. P60)

Below £16,190

SECTION 5: SUPPORT APPLIED FOR

AWARD	TICK BOX	DETAILS
Transport (evidence required)		
Essential Trips and Visits		
Essential Materials for Courses incl Essential Text Books		
Music Tuition		
Other (please specify)		

SECTION 6: DECLARATION

I certify that:	
1. All the information given on this form is correct and I will notify Student Services immediately of any changes.	
2. No tuition fees are being paid for my course.	
3. I understand that funding may be withdrawn and/or repayable if: <ul style="list-style-type: none">• I cease to be eligible under the terms outlined in the letter.• I do not meet normal College expectations as outlined in the learning agreement	
Signed (student):	Date:
Signed (parent/guardian):	Date:

16-19 Bursary BANK DETAILS

Please give details of the student's bank account as funds will be paid directly into it by BACS transfer.

Student Name: _____

Tutor Group: _____

Name of Bank/
Building Society _____

Account Number

Sort Code --

Please sign below and return to Student Services

Signed _____

Date _____