Hoe Lane Ware, Herts SG12 9NX Tel: 01920 462210

Email: admin@presdales.herts.sch.uk

16-19 Bursary Fund Application

Section A: To be completed by the student

	Student Name			
	Date of Birth:			
	Student Mobile number:			
	Email address:			
Please ticl	one of the following:			
	I am applying for a full bur (go to Section B)	rsary of up to £1,200 under the "vulnerable crite	eria"	
	I am applying for a discret	cionary bursary (go to Section C)		
Section B:	Vulnerable Bursary			
To be com	pleted by the student; e	vidence must be provided		
are you currently in care or a care leaver?				
Are vou cur	rently receiving any of the fo	ollowing in your own name? (Please tick all that	apply).	
,	oort or Universal Credit beca	use you are financially supporting yourself		
-				
Income Sup	ring Allowance (DLA) and eith	ner Employment and Support Allowance or		
Income Sup Disability Liv Universal Cr	ring Allowance (DLA) and eith edit	ner Employment and Support Allowance or your name and either ESA or Universal Credit		

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Section C: Discretionary Bursary

Ambition

Creativity

This section must be completed by the student's parent/carer

Relationship to student:						
First Name		La	st Name			
Address						
Contact Number						
your child currently entitled YES, no supporting evidence					YES/NO	
lease tick all the benefits you be about the benefits you be application to be a second to be a second to be a		ed to (docum	entary evide	ence of benefi	ts must be	
Income Support/Universal Credit						
Income based jobseekers	allowance					
Support under part VI of t	he Immigrat	tion and Asyli	um Act 1999			
The guaranteed element	of State Pens	sion Credit				
Child Tax Credit, provided	the parent i	is not entitle	d to Working	Tax Credit		
Section D: Declar	ation					
I confirm that the info knowledge.	I confirm that the information I have given is correct and complete to the best of my knowledge.					
☐ I confirm that I have s	ıbmitted sur	pporting evid	lence docum	entation.		
I understand that I (th outlines the expectation)	•	•	_	•	_	

Integrity

Kindness

Resilience

Equality

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Signature of student: Date: Signature of Parent/Carer: Date: Please return the completed form to Mrs Preshous in the main school office. All applications will remain confidential. Further information is available at https://www.gov.uk/1619-bursary-fund For Office Use: Date application received: Date application approved: Approved by:				
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Date application received: Date application approved:				
Date application approved:	For Office	Use:		
		Date application received:		
Approved by:		Date application approved:		
''		Approved by:		