

## Application for the 16–19 Bursary Fund 2024/25

Please complete this form and return it, fully completed, to **Church Lawton School Office** 

Please note, the deadline for receipt of applications is <u>Friday 11<sup>th</sup> October 2024.</u> (Applications received after this date will be considered but will not be backdated)

## To be completed by the student

I wish to apply for a 16-19 Bursary from Church Lawton School and enclose relevant supporting evidence to validate my application.

I understand that I must meet weekly attendance requirements of 95% to ensure continued support and receipt of Bursary payments.

eceipt of Bursary payments.	
lame of Student:	Signature of Student:
lame of Parent/Guardian:	Date
ersonal Details	
Current Address:	Parent(s) Name and Address: if different to your current address
Date of Birth:	
Age on 31st August 2024	<u> </u>
You must be aged 16 or over but under 19 at 31 August 2024	
Email address for correspondance:	
Method of Payment	
If you receive a bursary it will be p	paid to you by a credit transfer system (BACS).
Account name	
Sort code	
Account number	
The payment will normally be made	de to yourself <b>not</b> a parent or carer. However, if the bursary is to

cover a specific item, the funds are sometimes paid directly to the provider of the item.



## Information to support your application.

				Example Evidence Required – see Information letter for further examples	Office Use Only
1.	Do <b>you (the student)</b> receive <b>bot</b> and Employment Support Allowan			Entitlement / award letter dated within the last 3 months	
	Yes	No 🗆		last 3 months	
1.	Are you in Care / a Care Leaver?			Letter from your local authority	
	Yes	No 🗆		authority	
2.	Are you eligible for Free School Meals (application submitted to Cheshire East LA)?		Confirmation letter from Cheshire East Local Authority		
	Yes	No 🗆		Local Authority	
3.	Do you (the student) receive Income Support in your name?		r name?	Entitlement / award letter dated within the	
	Yes	No 🗆		last 3 months	
4.	Is your annual gross combined ho	usehold income (be	efore tax)	Current Working Tax	
	under £ 20,000			Credit Award (Full Award Notice)	
	between £20,000 - £25,000			or Universal Credit Award Notice (please provide 3	
	Over £25,000			most recent monthly award statements)	
(Plea	son for application.  ase refer to the Information is in the bursary/bursaries are you ap    Vulnerable Bursary     Discretionary Bursary:     Discretionary Bursary:     One off payment to cov     Other	olying for?  Fowards Free Schother  Fravel costs over	hool Meals £800	, S	
Details of what you require and why you need it		Amount Requested (£)			



## Student and Parent(s) Declaration

5. The declaration below must be signed by all students **and** by the parent(s) and their parent's partner if income details have been provided in question 4.

Please read the declaration below and read carefully before signing:

- 1. I/we certify that the information in this application is true and accurate.
- 2. I/we understand that it is my responsibility to supply any additional information that may be required to verify the particulars given.
- 3. I/we will inform the school of any change of circumstances.
- 4. I/we agree to repay the school in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.
- 5. I/we understand that any payments are conditional upon meeting my school's expectations of attendance/behaviour/progress.
- 6. I/we am aware that the funding covers only this school year and that I must re-apply next year; there is no guarantee that I will receive funding for future years even if I am eligible for the current year.
- 7. Should student attendance fall below the recommended minimum attendance levels the institution may reduce or withdraw payment
- 8. Should student behaviour, attitude or attainment fall below what is deemed appropriate within each institution, payment may be reduced or withdrawn
- 9. I/we understand that it may be necessary for the school and/or the local authority to use information given or share the information provided with other organisations to prevent and detect fraud.

Student's signature:				
Signed	Date	/	/	
Parental signatures:				
Required for each person whose income is declared in this applic partner of parent or spouse of parent	ation whe	ether	parent,	
Signed	Date	/	/	
Signed	Date	/	/	
Signed	Date	/	/	

Before signing and returning the form, please check that you have answered every question that you need to and have attached evidence of parental income or benefit.

If enclosing original documents, please let the administrator know so that they can be returned after processing.



Yes / No	Amount awarded	£
	Data /	
	Date /	1
	Yes / No	Date /