

Bursary Scheme Application

Academic Year 2016-17

PLEASE READ THE ENCLOSED ELIGIBILITY INFORMATION AND GUIDANCE NOTES BEFORE COMPLETION

STUDENT CHOICE (Please select one)

- Solo Travel Pass
- Trio 1 Zone Travel Pass
- Other Travel
- College Travel Pass
- Termly Payment
- Guaranteed
- All options include a Free College Meal

PART A – TO BE COMPLETED IN BY STUDENT

PART B – TO BE COMPLETED BY PARENT / GUARDIAN

PART A – Section 1 – Personal Information

Surname		Forename	
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Date of Birth		Age @ 31.8.16		Nationality	
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Have you been a resident in the UK / EEA for the last 3 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you an Asylum Seeker?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Home Address			
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	Postcode	
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If time at address is less than 3 years, please provide previous postcode	
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Telephone		Mobile	
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Please indicate who you live with	Parents	<input type="checkbox"/>	Relatives	<input type="checkbox"/>	Other	<input type="checkbox"/>	On own	<input type="checkbox"/>
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Have you ever been in care?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you a care leaver?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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PLEASE ENCLOSE A LETTER FROM THE LOCAL AUTHORITY CONFIRMING LOOKED AFTER STATUS

If living on your own please indicate how you support yourself financially	
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Are you (student) in receipt of Disability Living Allowance and Employment Support Allowance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you a parent who has responsibility for a child?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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PART A – Section 2 – Student Bank Information

Account Title										
Name of Bank Account / Building Society										
Branch										
Sort Code										
Account Number										
Roll Number (if applicable) (Building Society accounts only)										
Signature of Student							Date			

PART B – TO BE COMPLETED BY PARENTS OR GUARDIANS

PART B – Section 1 – Eligibility Check

Does the young person live with you at the address shown?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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PART B – Section 2 – Income Details

**DO PARENT(S) / GUARDIAN(S) CLAIM ANY OF THE FOLLOWING BENEFITS
(PLEASE TICK AS APPROPRIATE)**

Income Support	<input type="checkbox"/>
Employment and Support Allowance (Income Related)	<input type="checkbox"/>
Disability Living Allowance	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>
Job Seekers Allowance (Income Based)	<input type="checkbox"/>
Pension Credits (Minimum Guarantee Credit)	<input type="checkbox"/>
Other (i.e Immigration/Asylum or Universal Credit - please specify)	<input type="checkbox"/>

YOU MUST ATTACH EVIDENCE OF RELEVANT BENEFIT – e.g. COPY OF THE MOST RECENT AWARD LETTER FROM BENEFIT AUTHORITY. FOR WORKING TAX OR CHILD TAX CREDIT YOU NEED TO SUPPLY YOUR 2016/17 WORKING TAX CREDIT AWARD NOTICE

Do Parent(s) / Guardian(s) work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please outline Gross Household Annual Income	Adult 1 £	Adult 2 £
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PLEASE ENCLOSE A COPY OF P60(S) FOR 2015/16 OR 2016/17

PART B – Section 3 – Signature of Parent / Guardian

I can confirm that the information given in this form is correct and complete to the best of my knowledge. I understand that the College has the right to make an independent check of any evidence produced and that such action is deemed appropriate in the event of any information I have given being proven to be incorrect or false.

Signature of Parent / Guardian	<input type="text"/>	Date	<input type="text"/>
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HAVE YOU REMEMBERED TO ENCLOSE

Evidence of relevant benefit or proof of household income	<input type="checkbox"/>
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Letter from Local Authority confirming looked after status (if applicable)	<input type="checkbox"/>
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Please check that you have answered each section fully

Once complete with evidence, please return to:

**Learner Services Office
Birkenhead Sixth Form College
Park Road West
Claughton
CH43 8SQ**

Data Protection Statement - Birkenhead Sixth Form College wishes to fully observe the Data Protection Act 1998 and requires your consent to process your application using the data you have provided. Please note that by signing this form you are giving explicit consent for the data collected to be stored / processed.

Free College Meals 2016 / 2017
Daily Value - £2.41
(Below form must be completed)

Student Eligibility

- Students must be aged between 16 and 18 on 31 August 2016 to be eligible for a free meal in the 2016/17 academic year.
- Students 19+ will be eligible to the same Free College Meal allowance
- Students aged between 19 and 25 who are subject to specific criteria (LDA or EHC Plan) on 31 August 2016 are also entitled to a free meal.
- Students must be in receipt of, or have parents who are in receipt of, one or more of the following benefits:
 - Income Support
 - Income-based Jobseekers Allowance
 - Income-related Employment and Support Allowance (ESA)
 - Support under part VI of the Immigration and Asylum Act 1999
 - The guarantee element of State Pension Credit
 - Child Tax Credit (provided they are not entitled to Working Tax Credit) and have an annual gross income of no more than £16,190, as assessed by Her Majesty's Revenue and Customs
 - Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit
 - During the initial roll out of the benefit, Universal Credit

This evidence should be presented with your completed Bursary application to Learner Services Office.

FREE COLLEGE MEAL 2016 / 17 CONFIRMATION

(delete as appropriate)

I declare that my **son / daughter** is entitled to a free college meal because **she / he** is eligible for the Bursary and I am in receipt of one of the above benefits.

Parent Name (please print)

Parent Signature.....

Name of Student (please print)

Student Date of Birth.....Student Number.....

(Office use only)

Authorised Signature Date checked