



**16 TO 19 BURSARY
APPLICATION FORM
2018-2019**

Please refer to the Mosslands School 16 to 19 Bursary information attached when completing this form.

Name of student: Form:

Address:
..... Postcode:

Student's date of birth...dd...../...mm...../...yyyy.....

I/we wish to apply for: *(please select)*

A guaranteed bursary for the 2018-2019 academic year

A discretionary bursary for the 2018-2019 academic year

Please tick one box above

Are you entitled to free school meals YES NO

Are you in care / looked after YES NO

(If the school already has official notification of either of the above you do not need to supply further evidence)

On what grounds do you believe you are eligible to apply for a bursary?

Details of Evidence

- ESA **and** either DLA or PIP
- Family P60
- Tax Credit Award Notice
- Proof of Income Support
- Proof of Jobseeker's Allowance
- Self-employment income
- Evidence from DWP
- Other means-tested certification

Please indicate with a tick the type of evidence you are enclosing to support this application. Evidence will be copied and returned to you.

Travel Expenses

Do you use public transport to travel to and from school or to another provider for which you feel you need assistance for the cost?

Please tick yes or no. If yes, please give details of the journey and means of transport along with receipts, copies of tickets or evidence of cost. *(Please note that completing this section does not necessarily mean that you will qualify for assistance with travel).*

Yes <input type="checkbox"/> No <input type="checkbox"/>
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Additional Information

If you wish to supply any further information please add it below
(e.g. single parent status, number of children living in the household, student acting as carer for a family member, etc).

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Delay in providing supporting evidence may result in your application being rejected. Please provide as much evidence wherever possible. Thank you.

Bursary 2018-19 Application

I/We confirm that the above information is correct and understand that if I/we submit any false or incomplete information or withhold information about any part of my/our income, the matter may be referred to the Department for Education or the police, as a result of which I/we could face prosecution. I/we also understand that action will be taken to recover any payments made for which the student was not eligible.

Signed

Parent/Carer Name:

Signature: Date:
Parent/Carer

Student: Date:
Student

This form must be returned to **Mrs C Danher, Director of 6th Form, 6th Form Centre, by Friday, 28 September 2018.**