16-19 BURSARY FUND APPLICATION FORM 2024/2025 ACADEMIC YEAR

IMPORTANT – North Leamington School is registered under the Data Protection Act for holding personal data and has a duty to protect the information and keep it up to date. Please refer to the NLS Privacy notice on the website for more details.

www.northleamington.co.uk/aboutus/policies

SECTION A: Personal details					
Surname/Family name					
First name(s)					
Date of birth					
Present Home address					
(if your address changes plea	se notify us)				
Telephone number					
Email address					
SECTION B: Course details					
Name of school					
Course Name and description					
Which year will you be in		12:	13:	Extra year:	
SECTION C: LEARNER'S CIR	CUMSTANCES				
Who do you live with? Please tick all that apply:					
Mother	☐ Father		Parent's spouse/partner	Grandparent(s)	
Foster parents	On my own		My spouse/partner	☐ In care / looked after	
Other, please explain:					
Have you always lived in the UK? Yes No If YES please proceed to Section D. If NO please complete the separate residency information sheet before proceeding to Section D					

16-19 Bursary Application Form

SECTION D: LEARNER INCOME				
Part time job		Benefits		
	£ weekly			
			£	weekly
Other		_		
	£ weekly			
		_		
SECTION E: SUPPO	RT REQUIRED			
☐ I am applying fo	or the 16-19 Discretionary Bursary bed	cause I need help v	with the following:	
Books / Equi		,	•	
☐ Travel				
☐ Examination	n/Registration Fees			
☐ Field Trips				
Other				
Lam aware tha	at I will need to confirm how I have spen	t this navment and	nrovide VAT receints where nos	sible
r am awaro tric	at i wiii riood to comini riow i ridvo apon	t and paymont and	provide viti recorpte where peed	51010
Plassa provida data	ils of the support required and likely	costs bolow: -		
Please provide detail	ils of the support required and likely	costs below: -		
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SECTION F: PLEASE TICK BELOW ONE OR ALL THAT APPLY We will check your details with the School A – I am or my family are in receipt of Free School Meals Benefits section. B – I am or my family are in receipt of Asylum Seeker Funding Please provide proof e.g. Home Office letter from the Home Office C – I am or my family are in receipt of Income Support / Please provide proof e.g. benefits books or bank Jobseekers Allowance or Universal Credit statement D – I am a looked after child Please provide a letter from your social worker E – I am a care leaver Please provide a letter from your social worker F – I am disabled and in receipt of Employment Support Please provide proof e.g. benefits books or bank Allowance and Disability Living Allowance or Personal statement Independence Payments Please provide a copy of the most recent Tax Credit Award notice or complete your income details below and provide evidence as indicated. G- Family's gross taxable income is less than £16,190 a year G- Family's gross taxable income is between £16,190 and £20,000 a year G- Family's gross taxable income is between £20,000 and

£35,000 a year

G- Family's gross taxable income is more than £35,000

SECTION G: HOUSEHOLD IN Please complete this section		and do not have an up to date ⁻	Tax Credit Award notice
•	Parent 1	Parent 2	Evidence
Gross taxable annual salary / wages	£	£	2024 P60 or end of March 2024 payslip
Self employment / property income	£	£	Self assessment tax calculation or 2023/24 certified accounts
Private / Occupational pension	£	£	Pension statement / Pension P60 24/ Bank statement
State pension	£	£	Pension statement / Bank statement / Benefit book
Benefits (Please specify)	£	£	Bank statement / Benefit book/ Benefits letter
Bank or building society interest	£	£	(Evidence only required if over £250.00 for the year) Bank / Building society statement
Share dividends	£	£	(Evidence only required if over £250.00 for the year) Tax vouchers

It is important that you read the following statement carefully. We will not consider this application unless it is signed and dated by the family members whose income details have been declared above in Section G.

- The information I have given on this form is accurate.
- I will inform you immediately of any change in my personal circumstances as they occur.
- I understand that if I provide false or incomplete information, I will have to repay any money given to the applicant to help with their study.

Signed :	Date:
Signed :	Date:

SECTION I: DECLARATION BY LEARNER

It is important that you read the following statement carefully. We will not consider this application unless it is signed and dated by you.

- The information I have given on this form is accurate.
- I will inform you immediately of any change in either my own or my family's personal circumstances as they occur.
- I understand that if I provide false or incomplete information I will have to repay any money given to me to help me study
- I have read the 16-19 Bursary Fund Policy 2024-2025.

Signed:	Date:
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