

CONFIDENTIAL Our Lady and St Chad Catholic Sports College 16-19 Bursary Fund 2014/15

Application Form

Section 1: Young Person Details

Unique Reference Number	<input type="text"/>	Tutor	<input type="text"/>
Surname	<input type="text"/>	Forename	<input type="text"/>
Home address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Postcode	<input type="text"/>	Male	<input type="checkbox"/>
	<input type="text"/>	Female	<input type="checkbox"/>
	<input type="text"/>	(Please tick)	
	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/>	Age on 1st September 2013	<input type="text"/>
	<input type="text"/>	Home Telephone Number	<input type="text"/>
	<input type="text"/>	Mobile Telephone Number (if applicable)	<input type="text"/>
Do any of these apply to you? (tick all those that apply)		I am a looked after young person	<input type="checkbox"/>
I am living independently	<input type="checkbox"/>	I have been a looked after young person	<input type="checkbox"/>
I do not live with my parent(s)	<input type="checkbox"/>	I am living in hostel accommodation	<input type="checkbox"/>
I am a parent	<input type="checkbox"/>	I consider myself disabled	<input type="checkbox"/>
I or my sibling(s) in receipt of Free School Meals	<input type="checkbox"/>	I receive Income Support in my name	<input type="checkbox"/>
I am receiving Disability Living Allowance	<input type="checkbox"/>	I am receiving Employment Support Allowance	<input type="checkbox"/>
I receive another Financial Benefit (please state below)	<input type="checkbox"/>	I will receive EMA in 2012/13	<input type="checkbox"/>
	<input type="text"/>		

Section 2: Residency Status (tick all those apply)

British Citizen	<input type="checkbox"/>	EU/EEA Citizen	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>	Refugee/Indefinite Leave to Remain	<input type="checkbox"/>
Humanitarian Protection	<input type="checkbox"/>	Discretionary Leave to Remain	<input type="checkbox"/>	National Asylum Support System (NASS)	<input type="checkbox"/>		<input type="checkbox"/>

Section 3: Programme of Study

Year Group	<input type="text"/>	Programme of Study (e.g. AS/A2/ BTEC/GCSE)	<input type="text"/>
Subjects	1 <input type="text"/>	2 <input type="text"/>	
	3 <input type="text"/>	4 <input type="text"/>	
	5 <input type="text"/>	6 <input type="text"/>	

Section 4: Parent/Guardian/Carer(s) Details (to be completed by parent/guardian/carer(s))

Adult 1	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>		Adult 2	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	
Full Name										Full Name									
Home address (if different from young person)										Home address (if different from young person)									
Postcode										Postcode									
Home Telephone Number										Home Telephone Number									
Mobile Telephone Number (if applicable)										Mobile Telephone Number (if applicable)									
Relationship to young person										Relationship to young person									

Section 5: Income Information (to be completed by parent/guardian/carer(s))

Do you receive any of the following?	Adult 1	Adult 2	(evidence <u>must</u> be provided)	Adult 1	Adult 2
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	Income-related Employment Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
What was your total household income for the Tax Year 2012-13				£	

Section 6: Bursary being applied for

Guaranteed	<input type="checkbox"/>	Discretionary	<input type="checkbox"/>	Exceptional*	<input type="checkbox"/>	*please enclose a covering note outlining your needs
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Section 7: Young Person Bank Details (if the application is successful, payments will be paid into your bank account)

Bank/Building Society Name		Name of Account Holder	
Sort Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 8: Parent/Guardian/Carer(s)/Young Person Declaration

I confirm that the information given on this application form is true and correct

Adult 1 Signature		Date	D	D	M	M	Y	Y
Adult 2 Signature		Date	D	D	M	M	Y	Y
Young Person Signature		Date	D	D	M	M	Y	Y

Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	D	D	M	M	Y	Y	Checked by	
Application Complete?	Y	N	Evidence Submitted?	Y	N	More information needed?	Y	N