

## 16-19 Bursary Fund Application Form for the 2016 to 2017 Academic Year

Please complete the form and bring it together with your supporting evidence on your first day.

Student Details	
Surname/Family Name	
First Names	
Date of Birth	
Address	
E-mail address	
Home Phone	Mobile Phone

Bank or Building Society Details									
To receive payments, you must have a bank account in your own name that will accept BACS Payments. <b>Only in exceptional circumstances (when a student is in a vulnerable group and cannot manage their own funds) will payments be made into another person's account.</b>									
Name of Account Holder									
Name of Bank									
Branch									
Sort Code (6 Digit)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">-</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">-</td> <td style="width: 15%;"></td> </tr> </table>			-			-		
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Account Number (8 Digit)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

*In applying for this bursary I understand that I must attend punctually to all my timetabled lessons. I must have no unauthorised absence throughout the school term and will meet the requirements of my course, completing work to an acceptable standard within the deadlines including any assignments set by*

teachers and work that may be set when I am absent. **FAILURE TO MEET THESE CONDITIONS WILL MEAN BURSARIES ARE NOT PAID.**

I agree the terms and conditions above and confirm the information given is accurate.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parental/Carer Details		
Surname/Family Name		
First Names		
Date of Birth		
Address		
National Insurance No		
Home Phone	Mobile	
Household Income (if applying for level 3). Please include ALL members of household.  £ .....	<b>Evidence:-</b> - Income support - Letter/Jobseekers allowance - P60 - Child tax credit notice - Other	(Evidence seen by school)

This application for assistance from the 16 - 19 Bursary Fund is made on one of the following categories:-

**Level 1** - The £1,200 bursary scheme for vulnerable learners. Please check if you fall into this category.

**Level 2** - The pupil was registered with KCC Free School meals while in Year 11 during the year 2015/016 and help is needed for specific educational purposes.

**Level 3** - The household income is less than £25,000 per annum including any unearned income from Isa's, shares etc. (Please provide evidence).

**Please specify the educational purposes for the bursary.**

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Please tick the box for the category you feel is correct for this student.

<b>No 1</b>		<b>No 2</b>		<b>No 3</b>	
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I confirm that the details on this application are true and accurate. I understand that any false or incomplete information which results in an overpayment will result in the Folkestone School for Girls seeking repayment of all monies obtained.

Signature\_\_\_\_\_Date\_\_\_\_\_  
(Parent/Carer of student)