**Swindon Academy**

**16-19 Bursary Fund Application Form**

**Academic Year 2024/25**

2024/2025

**Please note that bursary applications are considered for students who have 95% attendance and strong engagement and attainment.**

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| **Section 1: Details of Applicant** | |
| Full Name | Date of Birth |
| Address | |
| Post Code | Phone |
| Email: | |
| **Section 2: Details of Provider and Course** | |
| Name of Post 16 Provider | Swindon Academy |
| Address of Post 16 Provider | Beech Avenue  Swindon  SN2 1JR |
| Details of Course: *(Enter your subject)* |  |

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| **Section 3: Bursary Criteria** | | | |
| To qualify you must be aged 16 or over and under 19 on 31st August 2023 and meet the EFA’s residency criteria. The bursary is paid to enable you to attend sixth form with us and will only be paid if your attendance and behavior meet the required standard. *See Appendix I of our 16 – 19 Bursary Policy* | | | |
| **3.1 Discretionary Bursary Criteria** | | | |
| **Total Household Income – including parents income** | | | |
| **Banding** | **Income** | | **Tick** |
| Band 1 | My household income is less than £16,190 per year | |  |
| Band 2 | My household income is more than £16,190 but less than £20,817 per year | |  |
| Band 3 | My household income is more than £20,817 but less than £25,521 per year | |  |
| Band 4 | My household income is more than £25,521 per year | |  |
| **Learner Income** | | | |
| **Income** | | **£ per week** | |
| Part-Time Job | | £ | |
| Benefits | | £ | |
| Other | | £ | |

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| **3.1.1 Supporting Evidence** | |
| Please tick one of the following to show what type of evidence you have attached (dated after April 2023). Note that students in receipt of free school meals qualify for bursary, but we must receive other documents as well to more accurately judge the right payment band. ***If you cannot provide evidence, then we cannot process your application for bursary payments*** | |
| **Evidence Source** | **Tick** |
| P60 *(most recent)* |  |
| Income Support/Universal Credit Award Letter or Monthly Award Notice x 3 |  |
| Full Tax Credit Award Notice |  |
| Self Employed Earnings *(Official Tax Return)* |  |
| Wage Slips (3x most recent wage slip) |  |
| Another benefits/pension *(award Letter)* |  |
| Please advise the number of dependent children in the household |  |
| Free School Meal: Students in receipt of free school meal qualify for Bursary, but we must receive other documents as well to more accurately judge the right payment band. |  |

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| **3.2 Vulnerable Bursary – Defined term by the local authority** |  |
| To qualify you must fall into two of the categories below and produce the required evidence as stated. | Y/N |
| Are you in receipt of Income Support or Universal Credit yourself?  *(Evidence required – Income Support or Universal Credit Statement Letter)* |  |
| Care leaver or currently looked after in care?  *(evidence required – letter from Local Authority)* |  |
| Disabled student in receipt of both Employment Support Allowance and Disability Living Allowance/Personal Independence Payments  *(Evidence required financial statement showing both ESA and DLA/PIP)* |  |

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| **Section 4: How the funds will be used:** | | |
| Please provide details of how the bursary funds, if awarded to you, will be used, and the estimated  Cost. Estimated costs will help us to ensure funds are spent appropriately and will not necessarily affect the level of payment. | | |
| **Item** | **Details** | **Estimated Cost** |
| Books / Equipment |  | £ |
| Field Trips |  | £ |
| Travel (ie. Bus pass) |  | £ |
| University Visits |  | £ |
| Clothing/Uniform |  | £ |
| Free School Meals |  | £ |
| Other |  | £ |

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| **Section 5: Extenuating Circumstance** |
| If there are extenuating circumstances within your household that have not been covered but you would like us to consider as part of this application, please provide them here: |
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| **Section 6: Payment Details – ESSENTIAL INFORMATION** |
| Payments can only be made to accounts in the name of the student making this application.  ***Payments will not be made into another person’s bank account***; please note we are unable to make payments to post office accounts. |
| **Account Holders Name:**  **Bank/Building Society:**  **Sort Code:**  **Account Number:**  **Roll Number if applicable:**  **Student Email Address:** |

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| **Section 7: Learner Declaration (to be completed by all learners)** |
| **Your application will not be assessed unless you sign and date this declaration.**   * I declare that the information on this form is true and accurate to the best of my knowledge. * I have made this claim for a Bursary payment, fully aware that any false statements can lead to withdrawal/refusal of any financial support and may lead to me being prosecuted. * I understand that if I refuse to provide information which may be relevant to my claim, the application will not be accepted. * I understand that monies I receive under the Bursary Scheme will be paid on condition of standards of attendance and behavior, attendance is expected to be 95% or above. * The bank account details provided must be in the name of the student. * I will attend regularly and complete the course for which my bursary is supporting me. * When changes to my household financial circumstance occur (which may result in change to my claim), I confirm I will notify my provider immediately. * I will notify my provider immediately with any changes to my Bank/Building Society details. * I understand that monies I receive under the Bursary Scheme have been awarded to provide me with financial support to allow me to continue in learning, and if I leave learning all financial support will stop. * I understand that I do not have an automatic entitlement to Bursary payments and I   understand I have the right to appeal if I disagree with the outcome of my Bursary application.   * This appeal should be made to my provider, but if I feel I have not been treated fairly, I can follow the complaints procedure. * I understand that this application process will be repeated each year of study. * I confirm I have read the information provided and I agree to the conditions of this application.   **Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Carer or Key Worker Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **For Administrative use only**  Date Application received:  Supporting information verified: Y / N Evidence seen by:\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_  Residency criteria met Y/N  Eligible? Y / N Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Outcome letter completed by: Signature:  Amount to be awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment 1 – Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment 2 – Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment 3 – Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendance  Change of circumstance/request for increase to amount awarded  Request received on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for further payment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evidence provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eligible: Y/N  Payment \_\_\_\_ - Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment \_\_\_\_ - Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |