



# Fulford School Sixth Form Application to the 16–19 Bursary Fund 2017-2018 Financial Assessment Form

## 1.1 Learner Details

Surname / Family name	
First name(s)	
Sex (M / F)	
Date of Birth (dd/mm/yy)	
Age on 31 <sup>st</sup> August 2017	
You must be aged 16, 17, or 18 on 31 <sup>st</sup> August 2017 to apply	

## 1.2 Address Details

Home Address	
Postcode	
Home telephone number	
Mobile telephone number	
E-mail address	

## 1.3 School Details

Name of school	
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## 1.4 Course Details

Full time / Part time / guided learning hours per week	
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## 2.1 Financial Information

Are you and / or your sibling(s) in receipt of free school meals?	Yes / No
Sibling Name(s)	

**If you, or your siblings, are in receipt of free school meals, you do not need to provide further financial information in the Financial Assessment section.**

**However, where you may be eligible to receive an award of £1,200/year as a member of a specified vulnerable group, you will need to provide evidence to support that claim related to certain benefit categories below.**

## 2.2 Household Members

	Parent/Guardian 1	Parent/Guardian 2
Surname		
First name(s)		
Relationship to Learner		
Telephone		

Number of siblings under age 18	
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## 2.3 Financial Assessment – Income

To be completed by the person(s) responsible for the household bills

Parent/Guardian 1	Are you employed? (Yes / No)	If <b>yes</b> , please submit P60 for details
Parent/Guardian 2	Are you employed? (Yes / No)	If <b>yes</b> , please submit P60 for details

If you are not employed please tick the relevant boxes to indicate the benefit(s) you receive.

Benefit received	Income Support	Job Seekers Allowance	Employment Support Allowance	Incapacity Benefit	Carer's Allowance	Housing Benefit	Council Tax Benefit
Parent/Guardian 1							
Parent/Guardian 2							

## 2.4 Financial Assessment – Other Income

Please tick the relevant boxes to indicate all other income received into the household

Other Income	Working Tax Credit	Child Tax Credit	Child Benefit	Grants or Bursaries etc	Any other income / benefit – please specify
Parent/Guardian 1					
Parent/Guardian 2					
Applicant					Disability Living Allowance Employment Support Allowance

### 3.1 Evidence

Whatever you have declared in 2.3 and 2.4 above must be backed up by evidence (photocopies accepted) in order for an assessment to be made.

The table below shows the evidence you will need to provide with your application form. Once you have declared and identified your benefits on the application, find the 'Type of Income' that applies to you in the first column and the 'Evidence Required' column will tell you what you need to provide.

Type of Income	Evidence Required
Annual Salary	P60 for tax year 2016-2017
Income Support	Entitlement / Award letter – dated within the last 3 months
Job Seekers Allowance	Entitlement / Award letter – dated within the last 3 months
Disability Living Allowance	Entitlement / Award letter – dated within the last 3 months
Employment Support Allowance	Entitlement / Award letter – dated within the last 3 months
Incapacity Benefit	Entitlement / Award letter – dated within the last 3 months
Carer's Allowance	Entitlement / Award letter – dated within the last 3 months
Housing Benefit	Entitlement / Award letter – dated within the last 3 months
Any other benefit	Entitlement / Award letter – dated within the last 3 months
Working Tax Credit	Working Tax Credit Award Notice marked "2017-2018". Must be for full year and not partial awards (FULL AWARD NOTICE)
Child Tax Credit	Working Tax Credit Award Notice marked "2017-2018". Must be for full year and not partial awards (FULL AWARD NOTICE)
Child Benefit	Award letter
Grants or bursaries etc	Relevant paperwork detailing entitlement and amount paid
Any other income	Relevant paperwork

### 4.1 Declaration

Please read the declaration below and read carefully before signing:

- I declare that the statements made on this form are true and to the best of my knowledge and belief are correct in every respect. I undertake to supply any additional information that may be required to verify the particulars given. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I also undertake to inform the school of any alteration to any of the particulars in writing. I agree to repay the school in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.
- I am aware that the funding covers only this school year and that I must re-apply next year; there is no guarantee that I will receive funding for future years even if I am eligible for the current year.

Signed (Learner) ..... Date .....

Signed (Person 1 or 2) ..... Date .....

For School use:	Date Received:
Authorised By:	Date: