

**CONFIDENTIAL**

# Kendrick School 16-19 Bursary Fund 2019/20

## Application Form

### Section 1: Student Details

Unique Reference Number	<input type="text"/>	Tutor	<input type="text"/>
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Surname	<input type="text"/>	Forename	<input type="text"/>
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Home address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode

Date of Birth

D	D	M	M	Y	Y
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Age on 1st September 2019

Home Telephone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile Telephone Number (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do any of these apply to you? (tick all those that apply)

I am living independently

I do not live with my parent(s)

I am a parent

I or my sibling(s) in receipt of Free School Meals

I am receiving Disability Living Allowance

I receive another Financial Benefit (please state below)

I am a 'looked after' young person\*

I have been a 'looked after' young person\*

I am living in hostel accommodation

I consider myself disabled

I receive Universal Credit in my name

\* currently or previously looked after by the Local Authority

### 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"/>	A' Level Programme of Study	<input type="text"/>
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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/Carer(s) Details (to be completed by parent/carers)

<b>Adult 1</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> <b>Full Name</b> <input style="width: 90%;" type="text"/> <b>Home address (if different from student)</b> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <b>Postcode</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <b>Home Telephone Number</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <b>Mobile Telephone Number (if applicable)</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <b>Relationship to student</b> <input style="width: 80%;" type="text"/>	<b>Adult 2</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> <b>Full Name</b> <input style="width: 90%;" type="text"/> <b>Home address (if different from student)</b> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <b>Postcode</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <b>Home Telephone Number</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <b>Mobile Telephone Number (if applicable)</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <b>Relationship to student</b> <input style="width: 80%;" type="text"/>
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## Section 5: Income Information (to be completed by parent/carers)

<b>Do you receive any of the following?</b>	<b>Adult 1</b>	<b>Adult 2</b>	<b>(evidence <u>must</u> be provided)</b>	<b>Adult 1</b>	<b>Adult 2</b>
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>What was your total household income for the Tax Year 2018-19</b>				£ <input style="width: 150px;" type="text"/>	

## Section 6: Bursary being applied for

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

<b>Bank/Building Society Name</b>	<input style="width: 95%;" type="text"/>	<b>Name of Account Holder</b>	<input style="width: 95%;" type="text"/>
<b>Sort Code</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>	<b>Number</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>

## Section 8: Parent/Carer(s)/ Student Declaration

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

<b>Adult 1 Signature</b>	<input style="width: 95%;" type="text"/>	<b>Date</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
<b>Adult 2 Signature</b>	<input style="width: 95%;" type="text"/>	<b>Date</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
<b>Student Signature</b>	<input style="width: 95%;" type="text"/>	<b>Date</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>

## Section 9: FOR SCHOOL OFFICE USE ONLY

<b>Date Application Checked</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>	<b>Checked by</b>	<input style="width: 95%;" type="text"/>
<b>Application Complete?</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>	<b>Evidence Submitted?</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
		<b>More information needed?</b>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>