

CONFIDENTIAL

Kendrick School 16-19 Bursary Fund 2020/21

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 2020

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)

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

Do you receive any of the following?	Adult 1	Adult 2	(evidence <u>must</u> be provided)	Adult 1	Adult 2
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"/>
What was your total household income for the Tax Year 2019-20				£ <input style="width: 150px;" type="text"/>	

Section 6: Bursary being applied for

Vulnerable	<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: Student Bank Details (if the application is successful, payments will be paid into your bank account)

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

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

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