

CONFIDENTIAL

**Kendrick School
16-19 Bursary Fund 2021/22**

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

Age on 1st September 2021

Home Telephone Number

Mobile Telephone Number (if applicable)

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"/>	Adult 2	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Full Name	<input type="text"/>				Full Name	<input type="text"/>			
Home address (if different from student)	<input type="text"/> <input type="text"/> <input type="text"/>				Home address (if different from student)	<input type="text"/> <input type="text"/> <input type="text"/>			
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Home Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Telephone Number (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile Telephone Number (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to student	<input type="text"/>				Relationship to student	<input type="text"/>			

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 2020-21	<input 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 type="text"/>	Name of Account Holder	<input type="text"/>
Sort Code	<input type="text"/>	Number	<input 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 type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult 2 Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	<input type="text"/>	Checked by	<input type="text"/>
Application Complete?	<input type="checkbox"/>	Evidence Submitted?	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
More information needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>