

**NEWPORT GIRLS’ HIGH SCHOOL**

**Educational Bursary Application Form**

**Please submit by 29th September to Mrs Davenport. Applications after this date will still be considered as outlined in our policy.**

**SECTION 1 – Student Details**

(Please print)

|  |  |
| --- | --- |
| **FIRST NAME:** | **SURNAME:** |
| **Date of Birth:** | **Home Telephone Number:** |
| **Email:** | **Mobile Number:** |

**SECTION 2 – EB1 (Vulnerable Student Bursary)**

(Please tick the box if any of the following applies to you)

* I am living in care

🞏 I am a care leaver

* I am in receipt of Universal Credit or other benefit

🞏 I am a disabled student in receipt of Personal Independence Payments

Please note students who meet the criteria for bursaries for vulnerable groups are not automatically entitled to a bursary if they do not have financial needs and/or their financial needs are covered from other sources.

(If you are applying for EB1 and have completed Section 2, please now go to Section 4).

**SECTION 3 – EB2 (Discretionary Bursary)**

I am a student who permanently lives in a household whose parents/carers receive one of the following benefits

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of person receiving benefit** | **Universal Credit** | **Income Support** | **Job Seekers Allowance** | **Employment Support Allowance** | **Support under Part VI of the Immigration and Asylum Act** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |

**Please note:** If you are not in one of the above categories you must provide proof of family income.

**Financial Assessment – Income** (to be completed by the person(s) responsible for the household bills)

|  |  |  |
| --- | --- | --- |
| **Name of person receiving income** | **Are you employed?** |  |
| 1. | YES/NO | If yes, please submit P60, Working Tax Credits Award Certificate or other HMR&C acceptable proof. |
| 2. | YES/NO | If yes, please submit P60, Working Tax Credits Award Certificate or other HMR&C acceptable proof. |

**SECTION 4 – Proof of Income/Benefit Submitted**

**Whatever you have declared in Sections 2 or 3 must be supported with evidence in order of an assessment to be made.** The tables below show the evidence you will need to supply. *Please tick the ones you are providing.*

|  |  |  |
| --- | --- | --- |
| **Type of Income** | **Evidence Required** | **Tick if Supplying** |
| **Annual Salary** | P60 for tax year 2022-23, payslip from last week in March or month 12 payslip or Working Tax Credit Award Notice 2022-23 or most recent |  |
| **Universal Credit or Income Support** | Entitlement/Award letter – dated within last 3 months |  |
| **Job Seekers Allowance** | Entitlement/Award letter – dated within last 3 months |  |
| **Employment Support Allowance** | Entitlement/Award letter – dated within last 3 months |  |
| **Incapacity Benefit** | Entitlement/Award letter – dated within last 3 months |  |
| **Carers Allowance** | Entitlement/Award letter – dated within last 3 months |  |
| **Disability Living Allowance** | Entitlement/Award letter – dated within last 3 months |  |
| **Any other benefit** | Entitlement/Award letter – dated within last 3 months |  |
| **Working Tax Credit** | Working Tax Credit Award Notice dated 2022-23, must be for full year and not partial awards. (Full award notice) or most recent |  |
| **Child Tax Credit** | Child Tax Credit Award Notice dated 2022-23, must be for full year and not partial awards. (Full award notice) or most recent |  |
| **Grants or bursaries etc…** | Relevant paperwork detailing entitlement and amount paid |  |
| **Any other income** | Relevant paperwork |  |

**SECTION 5 – Student Bank Account Details**

|  |  |
| --- | --- |
| **Bank Name** |  |
| **Branch Location** |  |
| **Name of Account Holder** |  |
| **Sort Code** | * **-** |
| **Account Number** |  |
| **Roll Number**  (Building Society Account) |  |

**SECTION 6 – Further Information**

Please give any details below of any other circumstances that you would like us to know about to help with your application and give the specific areas of support you require;

e.g. Transport costs, uniform, books, resources, equipment, curriculum trips other….

This can be discussed further with Mrs Davenport once submitted.

|  |  |  |
| --- | --- | --- |
| **What you need:**  (Please outline specifics i.e. for bus pass state name of service provider e.g. Arriva, whether pass is weekly, termly or annual etc) | **Cost:**  Please give full details of specific costs and provide receipts where possible. | **Additional information:** |

**SECTION 7 – Declaration**

**Please read the declaration below carefully before signing;**

1. 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 support this application. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I also undertake to tell the School of any change in my circumstances in writing. I agree to repay the School immediately and in full any sums advanced to me if the information I have given is shown to be false or deliberately misleading.
2. I am aware that the funding covers only this academic 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.
3. I understand that I must use bursary funding awarded for the support I have identified is necessary to help me participate in education.

Signed (Student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (Parent/Carer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For School use only Date received:

Bursary Approved: YES/NO Bursary type: EB1/EB2

Authorised by: Date:

First payment made (date):

Additional notes: