

16-18 BURSARY & FREE MEAL APPLICATION

ACADEMIC YEAR 2016-2017

Office use only

Date received:

Start date:

No. of weeks: No. of days:

Home status checked Enrolled

Course Validation Level Flagged

Enrol No:

PLEASE READ THE ENCLOSED ELIGIBILITY & GUIDANCE NOTES BEFORE COMPLETION

PART A - TO BE FILLED IN BY THE YOUNG PERSON

PART A - SECTION 1 - PERSONAL INFORMATION

Surname		Forename	
Date of birth		Age	
Have you been resident in the UK/EEA for the last 3 years?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you an Asylum Seeker?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Home Address			
		Post code	
Telephone		Mobile	

Please indicate who you live with:	Parents <input type="checkbox"/>	Relatives <input type="checkbox"/>	Other <input type="checkbox"/>	On own <input type="checkbox"/>
Have you ever been in care/or are you a care leaver?*	YES <input type="checkbox"/> NO <input type="checkbox"/>			
As a young person are you claiming Income Support or Universal Credit in your own right?*	YES <input type="checkbox"/> NO <input type="checkbox"/>			
As a young person are you claiming Employment and Support Allowance together with either Personal Independence Payment or DLA?*	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you give permission for your award and payments to be discussed with parent(s)/guardians?	YES <input type="checkbox"/> NO <input type="checkbox"/>			

***YOU MUST ENCLOSE FULL DOCUMENTARY EVIDENCE WITH YOUR APPLICATION**

PART A - SECTION 2 - COURSE INFORMATION

Intended Course of Study

INTENDED CAMPUS OF STUDY (PLEASE TICK ACCORDINGLY)

Bede City Campus St Peter's Washington Other (please indicate below)

Previous Enrolment No (if applicable)

PART A - SECTION 3 - YOUNG PERSON'S BANK INFORMATION (STUDENTS MUST HAVE THEIR OWN BANK ACCOUNT AND ATTACH EVIDENCE OF ACCOUNT)

Full name of Account Holder

Name of Bank/Building Society

Branch

Sort Code (6 digits)

Account Number (8 digits)

**PLEASE ENCLOSE EVIDENCE OF BANK ACCOUNT SUCH AS
A LETTER FROM BANK/BANK STATEMENT.**

I understand that payments are subject to me achieving agreed standards of behaviour, commitment and attendance each month. I confirm that I agree to the summary conditions which will be outlined fully in my award notification, and the 16-18 Bursary Guidance for Students.

Signature of student

Date

PART B - TO BE FILLED IN BY PARENTS OR GUARDIANS

PART B - SECTION 1 - ELIGIBILITY CHECK (YOU MUST ATTACH A PHOTOCOPY OF A RECENT BANK STATEMENT/LETTER FROM BENEFIT AUTHORITY)

Does the young person live with you at the address shown?

YES NO

Do you claim Child Benefit for the young person?

YES NO

**PLEASE ENCLOSE EVIDENCE OF CHILD BENEFIT SUCH AS A RECENT
BANK STATEMENT OR LETTER FROM BENEFIT AUTHORITY.**

PART B - SECTION 2 - INCOME DETAILS

DO PARENT(S)/GUARDIAN(S) CLAIM ANY OF THE FOLLOWING BENEFITS (PLEASE TICK AS APPROPRIATE)

Income Support	<input type="checkbox"/>
Employment & Support Allowance (Income Related)	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>
Job Seekers Allowance (Income Based)	<input type="checkbox"/>
Pension Credits (Minimum Guarantee Credit)	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>
Please specify any other benefits	<input type="text"/>

YOU MUST ATTACH EVIDENCE OF RELEVANT BENEFIT - E.G. A PHOTOCOPY OF RECENT LETTER FROM BENEFIT AUTHORITY/BANK STATEMENT. FOR UNIVERSAL CREDIT OR WORKING TAX CREDIT OR CHILD TAX CREDIT YOU NEED TO SUPPLY A COPY FULL OF YOUR NEW 2016/17 TAX CREDIT AWARD NOTICE.

Do parent(s)/guardian(s) work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please outline Gross Annual Income	Adult 1 £	Adult 2 £

PLEASE ATTACH DOCUMENTARY EVIDENCE - PREFERABLY A FULL COPY OF A NEW 2016/17 TAX CREDIT AWARD NOTICE.

PART B - SECTION 3 - SIGNATURE OF PARENT/GUARDIAN

I can confirm that the information given in this form is correct and complete to the best of my knowledge. I understand that the College has the right to make an independent check of any evidence produced and such action as is deemed appropriate in the event of any information I have given being proven to be incorrect or false.

Signature of Parent/Guardian	<input type="text"/>	Date	<input type="text"/>
------------------------------	----------------------	------	----------------------

HAVE YOU REMEMBERED TO ENCLOSE:

Evidence of bank details from young person	<input type="checkbox"/>
Evidence of child benefit from Parent(s)/Guardian(s)	<input type="checkbox"/>
Evidence of relevant benefit or proof of household income	<input type="checkbox"/>

PLEASE CHECK THAT YOU HAVE ANSWERED EACH SECTION FULLY. INCOMPLETE FORMS CANNOT BE PROCESSED.

Once complete with evidence please send to:

Sunderland College, Welfare Team, Bede Campus, Durham Road, Sunderland, SR3 4AH

OFFICE USE ONLY

EVIDENCE CHECK

Young Person's Bank Evidence - attached	
Parent(s)/Guardian(s) proof of Child Benefit and Income - attached	
Address confirmed as the same	
Initials of Means Tested Benefit Claimed (if applicable)	
Total Household Income (if applicable)	

ELIGIBILITY CHECK (TICK IF ELIGIBLE, CROSS IF NOT)

Travel & ½ mile		Kit		Bursary		Free Meals & Breakfast	
Calculation of Award							

AWARD DETAILS

Date Processed		Assessed By		
Amounts Awarded		Categories of Support	Travel Costs	Free Bus
			Kit Costs Internal	
			Bursary	Other
	Cash:	Standard: £456 (£357+£99)	Free Meals & Breakfast	
Total				

PAYMENT PLAN

No. of Initial BACS Instalments		Monthly payment	£	=Total	£
Remaining Monthly BACS Instalments		Monthly payment	£	=Total	£

RE-ASSESSMENT

Rationale for re-assessment	
Calculation of Award	
Payment Plan	

ADDITIONAL DETAILS

Withdrawal Date		Further Information	
End of Academic Year - Total Paid			£