**Holmes Chapel Sixth Form College**

**16-19 BURSARY FUND**

**APPLICATION TO 16-19 BURSARY FUND 2025/2026**

**Financial Assessment Form**

**Student Details**

| Surname  |  |
| --- | --- |
| First name(s) |  |
| Sex (M / F) |  |
| Tutor Group |  |
| Date of Birth (dd/mm/yyyy) |  |
| Age on 31st August 2025 |  |
| Student’s bank details including bank name, account name, sort code and account number |  |

**Home details**

| Name of Parent applying |  |
| --- | --- |
| Home Address |  |
| Home telephone number |  |
| Mobile telephone number |  |
| Email address |  |
| Have you lived in the UK for more than 3 years? YES/NO |

**Course Details**

| **SUBJECTS to be studied** |
| --- |

|  **Information to support your application** |  |  |
| --- | --- | --- |
|  |  | EVIDENCE REQUIRED | Office UseOnly |
| Are you In Care/a Care Leaver? | YES/NO | Letter from your local authority |  |
| Do **YOU (the student)** receive **both** Employment Support Allowance & Disability Allowance? | YES/NO | Entitlement / Award letter – dated within the last 3 months |  |
| Do you receive Income Support in your name? |  YES/NO | Entitlement / Award letter – dated within the last 3 months |  |
| Are you eligible for Free School Meals? | YES/NO | Letter/student record held in school |  |
| Is your household income under £25,000 before tax? | YES/NO | **Current** **Working Tax Credit Award** (Full Award Notice) **or****Universal Credit Award Notice** (please provide 3 most recent monthly award statements) |  |

**Declaration**

***Please read the declaration below and read carefully before signing:***

1. **I certify that the information in this application is true and accurate.**
2. **I understand that it is my responsibility to supply any additional information that may be required to verify the particulars given.**
3. **I will inform the school of any change of circumstances.**
4. **I agree to repay the school in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.**
5. **I understand that any payments are conditional upon meeting my school’s expectations of attendance/behaviour/progress.**
6. **I am aware that the funding covers only this school 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.**
7. **Should student attendance fall below the recommended minimum attendance levels the institution may reduce or withdraw payment**
8. **Should student behaviour, attitude or attainment fall below what is deemed appropriate within each institution, payment may be reduced or withdrawn**

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please complete this form and return it, fully completed, to the Sixth Form Office**