**St. Martin’s School – 16 to 19 Bursary Fund Application**



**Student details**

|  |  |
| --- | --- |
| Surname/ Family name |  |
| First names |  |
| Date of Birth |  |
| Address |  |
|  |
| Home phone |  |
| Mobile phone |  |
| E-mail address |  |
| Courses being studied |  |

This application for assistance from the 16 to 19 Bursary Fund is made at the following level. Please tick one category

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vulnerable bursary |  | Discretionary bursary |  | Discretionary bursary – household income £40,000.00 or below |  |

**Student bank account details:**

|  |  |
| --- | --- |
| To receive payments, you must have a bank account in your own name that will accept BACS payments. If you do not have a bank account, you need to open one before completing this form. | |
| Name of Account Holder |  |
| Name of Bank e.g. HSBC |  |
| Branch e.g. City Centre |  |
| Sort Code (6 digits only) | — — |
| Account Number (8 digits only) |  |

I wish to apply for support towards:

|  |  |
| --- | --- |
|  | **Please tick as appropriate** |
| Books/equipment |  |
| Additional course costs, e.g. trips |  |
| Public Transport |  |
| Meals |  |
| Exam re-sit fees |  |
| UCAS registration |  |
| University open days/interview costs |  |
| Clothing/shoes- please specify: |  |
| Uniform/equipment for vocational courses (please specify) |  |
| Other (please specify): |  |

I understand that there is no guarantee that funds will be available when I apply and that if there is a high demand on the funds, awards may be given at a reduced rate.

I understand that some books or equipment purchased may be returnable at the end of the study programme.

I confirm that the details are true and accurate. I understand that to continue to receive funding I must maintain good levels of attendance, effort and behaviour.

|  |  |  |
| --- | --- | --- |
| Signed: Learner | Date |  |

I confirm that the details on this application are true and accurate to the best of my knowledge. I understand that the criteria will need to be met by my son/daughter to ensure payments are received in full.

|  |  |  |
| --- | --- | --- |
| Signed: Parent/ Carer | Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Discretionary Bursary Criteria** | | | | | |
| Your household income is one of the criteria, which will help us to assess your application. If your total household income exceeds £40,000 per annum, you may not be eligible for a Bursary payment. | | | | | |
| Were you in receipt of free school meals in Year 11? Yes/No | | | | | |
| Do you have access to a PC/Laptop for education at home? Yes/No | | | | | |
| Please tick to indicate what type of evidence you have provided. If you cannot provide evidence then we cannot process your application for bursary payments. | | | | | |
| P60 April 2025 |  | Income Support/Universal Credit (recent award letter) |  | Full TCAN Notice |  |
| Self-employed earnings (official tax return) |  | Other benefits/pension (award letter) |  | Pay slips for household members |  |
| Bank statements (e.g. the last 3 months) |  | Universal credit (3 months most recent statements) |  |  |  |
| Please list the names of the household members and relationship to learner:  (We require evidence of income of **ANY** persons residing at the learner’s address) | | | | | |
| **Name** | | | **Relationship to Learner** | | |
| 1) | | |  | | |
| 2) | | |  | | |
| 3) | | |  | | |
| 4) | | |  | | |

**St. Martin’s School – 16 to 19 Bursary Contract 2025/26**

Name Form

By completing this Contract, you agree to the terms and conditions under which you will be paid your 16 to 19 Bursary. Any change in financial/home situation should be communicated to School in writing. Parents/students are required to sign to this effect and if upon review it is found that student/parents have falsified documents, submitted inaccurate information or been claiming money fraudulently the school may refer the matter to the police. It is an expectation that the 16 to 19 Bursary will be used to support your education and will cover such outgoings such as uniform compliant with school’s dress code, transport costs to school, books and equipment, trips and other course related costs.

Student declaration: I am a full-time student attending St. Martin’s School. I agree to abide by the terms and conditions of this contract and understand that the payment in kind of the 16 to 19 Bursary is subject to a review following each progress report. I understand that I must take responsibility for ensuring that I maintain excellent performance and effort and have 93%-100% attendance, in compliance with the school’s attendance and behaviour policies.

I recognise that the school will only allow authorised absence under the following circumstances (evidence will be required in all cases):

* Hospital/medical appointments which cannot be arranged outside school hours
* Recognised religious holiday (up to maximum of three days)
* Visits to university/college or careers interviews (maximum of three)
* Field trips and other extra-curricular activities related to studies agreed by the school
* Attendance at a close family funeral
* Driving test (not during lessons)
* Court attendance or social service review
* All illnesses must be supported by a parental telephone message or letter
* I understand about claim procedures

In each claim period, as long as I have met the requirements above, I understand that I will receive a bursary in kind depending on the nature of my request. If my attendance or behaviour is below a satisfactory standard my award may be stopped or asked to be returned. I understand that if my application for financial assistance is unsuccessful or successful in part, it remains my responsibility to pay all outstanding fees related to my study at St. Martin’s School. I understand that some books/ equipment may be returnable to the school.

Student signature: Date:

Parent/carer signature: Date:

I hereby confirm that the above-named student has had the terms of the 16 to 19 Bursary explained and has agreed to comply with the conditions of this contract. It has also been explained that payment is subject to meet the conditions listed above.

Signature Sixth Form Administrator: Date:

Signature Head of Sixth Form: Date: