

CONFIDENTIAL

**Newlands Girls' School
16-19 Bursary Fund 2020/21**

Application Form

Section 1: Young Person Details

Unique Reference Number	<input type="text"/>	Tutor	<input type="text"/>
Surname	<input type="text"/>	Forename	<input type="text"/>
Home address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Postcode	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/> (Please tick)
		Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Age on 1st September 2020	<input type="text"/>
		Home Telephone Number	<input type="text"/>
		Mobile Telephone Number (if applicable)	<input type="text"/>

Do any of these apply to you? (tick all those that apply)

I am living independently	<input type="checkbox"/>	I am a looked after young person	<input type="checkbox"/>
I do not live with my parent(s)	<input type="checkbox"/>	I have been a looked after young person	<input type="checkbox"/>
I am a parent	<input type="checkbox"/>	I am living in hostel accommodation	<input type="checkbox"/>
I or my sibling(s) in receipt of Free School Meals	<input type="checkbox"/>	I consider myself disabled	<input type="checkbox"/>
I am receiving Disability Living Allowance or Personal Independence Payment	<input type="checkbox"/>	I receive Income Support or Universal Credit in my name	<input type="checkbox"/>
I receive another Financial Benefit (please state below)	<input type="checkbox"/>	I am receiving Employment Support Allowance	<input type="checkbox"/>

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"/>		

Section 3: Programme of Study

Year Group	<input type="text"/>	Programme of Study (e.g. A-Level/BTEC/GCSE)	<input type="text"/>
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/Guardian/Carer(s) Details (to be completed by parent/guardian/carer(s))

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 style="width: 90%;" type="text"/>	Full Name <input style="width: 90%;" type="text"/>
Home address (if different from young person) <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	Home address (if different from young person) <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
Postcode <input style="width: 60px;" type="text"/>	Postcode <input style="width: 60px;" type="text"/>
Home Telephone Number <input style="width: 60px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Home Telephone Number <input style="width: 60px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Mobile Telephone Number (if applicable) <input style="width: 60px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Mobile Telephone Number (if applicable) <input style="width: 60px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Relationship to young person <input style="width: 80%;" type="text"/>	Relationship to young person <input style="width: 80%;" type="text"/>

Section 5: Income Information (to be completed by parent/guardian/carer(s))

Do you receive any of the following?	Adult 1	Adult 2	(evidence <u>must</u> be provided)	Adult 1	Adult 2
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	Income-related Employment Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
What was your total household income for the Tax Year 2019-2020?				£ <input style="width: 150px;" type="text"/>	

Section 6: Bursary being applied for

Guaranteed	<input type="checkbox"/>	Discretionary	<input type="checkbox"/>	Exceptional*	<input type="checkbox"/>	*please enclose a covering note outlining your needs
------------	--------------------------	---------------	--------------------------	--------------	--------------------------	---

Section 7: Young Person Bank Details (if the application is successful, payments will be paid into your bank account)

Bank/Building Society Name <input style="width: 95%;" type="text"/>	Name of Account Holder <input style="width: 95%;" type="text"/>
Sort Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Section 8: Parent/Guardian/Carer(s)/Young Person Declaration

I confirm that the information given on this application form is true and correct

Adult 1 Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Adult 2 Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Young Person Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Checked by	<input style="width: 95%;" type="text"/>
Application Complete?	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Evidence Submitted?	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
More information needed?	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		