

Newlands Girls' School

16-19 Bursary Fund 2025/2026



Application Form

SECTION 1: STUDENT DETAILS

SURNAME:	
FIRST NAME(S):	
HOME ADDRESS:	
POSTCODE:	
TELEPHONE NUMBER:	
DATE OF BIRTH:	
AGE ON 1 ST SEPTEMBER 2025:	
YEAR GROUP & FORM:	
PROGRAMME OF STUDY (e.g. BTEC / A-Level)	<ol style="list-style-type: none">1.2.3.4.
RESIDENCY STATUS (please tick):	<ul style="list-style-type: none"><input type="checkbox"/> British Citizen<input type="checkbox"/> EU/EEA Citizen<input type="checkbox"/> Asylum Seeker<input type="checkbox"/> National Asylum Support System<input type="checkbox"/> Refugee / indefinite leave to remain<input type="checkbox"/> Humanitarian Protection<input type="checkbox"/> Discretionary Leave to Remain

<p>DO ANY OF THESE STATEMENTS APPLY TO YOU (please tick):</p>	<p><input type="checkbox"/> I am currently in care</p> <p><input type="checkbox"/> I am a care-leaver</p> <p><input type="checkbox"/> I am in receipt of Income Support or Universal Credit in my own name</p> <p><input type="checkbox"/> I am in receipt of Disability Living Allowance or Personal Independence Payments in my own right, as well as either Employment & Support Allowance (ESA) or Universal Credit in my own right.</p> <p>If any of the statements above apply to you, please book a meeting with the Sixth Form Learning Mentor & Administrator to discuss your application for a bursary. If you have not ticked any of the statements above, please complete the rest of this application form.</p>	
<p>HOW FAR AWAY DO YOU LIVE FROM THE SCHOOL? (please tick)</p>	<p><input type="checkbox"/> Less than 3 miles</p> <p><input type="checkbox"/> More than 3 miles</p>	
<p>HOW DO YOU TRAVEL TO SCHOOL? (please tick)</p>	<p><input type="checkbox"/> Walk</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Train</p>	<p><input type="checkbox"/> Cycle</p> <p><input type="checkbox"/> Car</p> <p><input type="checkbox"/> Other (please specify)</p>
<p>WHAT PARTICIPATION COSTS DO YOU HAVE FOR WHICH YOU WISH TO APPLY FOR A BURSARY? (please tick any that apply)</p>	<p><input type="checkbox"/> Uniform</p> <p><input type="checkbox"/> Equipment</p> <p><input type="checkbox"/> Books</p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Transport</p>	
<p>PLEASE USE THIS SPACE TO GIVE US ANY ADDITIONAL INFORMATION YOU THINK MIGHT SUPPORT YOUR APPLICATION:</p>		
<p>STUDENT BANK DETAILS If your application is successful, payments will be paid into your bank account)</p>		
<p>ACCOUNT HOLDER NAME:</p>		
<p>BANK/BUILDING SOCIETY NAME:</p>		
<p>SORT CODE:</p>		
<p>ACCOUNT NUMBER:</p>		

SECTION 2: PARENT / GUARDIAN / CARER DETAILS

ADULT 1		
TITLE:	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Mrs <input type="checkbox"/> Ms
FULL NAME:		
HOME ADDRESS:		
POSTCODE:		
HOME TELEPHONE NUMBER:		
MOBILE TELEPHONE NUMBER:		
RELATIONSHIP TO STUDENT:		

ADULT 2		
TITLE:	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Mrs <input type="checkbox"/> Ms
FULL NAME:		
HOME ADDRESS:		
POSTCODE:		
HOME TELEPHONE NUMBER:		
MOBILE TELEPHONE NUMBER:		
RELATIONSHIP TO STUDENT:		

HOUSEHOLD INCOME		
ADULT 1	ADULT 2	
<p>Are you in receipt of any of the following?</p> <p><input type="checkbox"/> Income support</p> <p><input type="checkbox"/> Income Based Jobseekers Allowance</p> <p><input type="checkbox"/> Income-related Employment & Support Allowance</p> <p><input type="checkbox"/> Guarantee element of State Pension Credit</p>	<p>Are you in receipt of any of the following?</p> <p><input type="checkbox"/> Income support</p> <p><input type="checkbox"/> Income Based Jobseekers Allowance</p> <p><input type="checkbox"/> Income-related Employment & Support Allowance</p> <p><input type="checkbox"/> Guarantee element of State Pension Credit</p>	
<p>What was your <u>total</u> household income for the Tax Year 2024-2025?</p>		
<p>Please state the number of dependent children who live in your household, including the student named in Section 1:</p>		
<p>Is the student named in Section 1, or any of her siblings, in receipt of Free School Meals?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>PLEASE USE THIS SPACE TO GIVE US ANY ADDITIONAL INFORMATION YOU THINK MIGHT SUPPORT YOUR APPLICATION:</p>		

Please ensure you enclose the relevant supporting evidence with your application:

- *Part 1* of the latest Tax Credit Award Notice (TCAN) for the student's household. This document from HM Revenue & Customs details entitlement to Tax Credits and the total income for the year; or
- *P60 End of Year Certificate* for all adults in the student's household who contribute to household costs. This certificate is a statement of earnings from an employer. It must be for the correct adult(s) and for the correct tax year (to April 2024). The income will be shown as total for the year; or
- *Self-Assessment Tax Calculation (SA302)*. This is the equivalent of the P60 for self-employed people. It must be for the correct adult(s) and for the correct tax year (to April 2024); or
- Confirmation of entitlement to *Free School Meals (FSM)* through the online checking system which can be accessed via the following link: <https://www.cloudforedu.org.uk/ofsm/rbwm>

STUDENT / PARENT / GUARDIAN / CARER DECLARATION

- I declare that the information on this form is true and accurate to the best of my knowledge
- I have made this claim for Bursary payment, fully aware that any false statements can lead to withdrawal/refusal of any financial support and may lead me open to prosecution.
- I understand that if I refuse to provide information which may be relevant to my claim, the Application will not be accepted.
- I understand that monies I receive under the Bursary Scheme will be paid on condition of standards of attendance and behaviour as explained in the Bursary Policy.
- I will attend regularly and complete the course for which my bursary is supporting me.
- When changes to my household financial circumstances occur (which may result in changes to my claim), I confirm I will notify my institution immediately.
- I will notify my institution immediately with any changes to my Bank/Building Society details.
- I understand that monies I receive under the Bursary Scheme have been awarded to provide me with financial support to allow me to continue in education, and if I leave education all financial support will stop.
- I understand that I do not have an automatic entitlement to Bursary payments, and all payments are based on the information I have provided.
- I am clear that the Bursary payments I receive are to provide me with means to remain in education and to be used for items such as travel costs, meal etc
- I understand I have the right to appeal if I disagree with the outcome of my Bursary Application. This appeal should be made to my institution, but if I feel I have not been treated fairly, I can follow the Complaints Procedure as explained in this policy.

I confirm I have read the Bursary Fund – Information for Learners which was given to me with this application. (Please sign and date below)

	SIGNATURE	DATE
ADULT 1:		
ADULT 2:		
STUDENT:		