**Buckinghamshire Adult Learning**

**16-19 Bursary Fund Application**

Prior to completing this form please read our 16-19 Bursary Fund Policy. Proof of entitlement must be included when the form is returned to Buckinghamshire Adult Learning, Buckinghamshire County Council, Gallery Suite, County Hall, Aylesbury, HP20 1UU

Learner Details

|  |  |
| --- | --- |
| Surname/Family Name |  |
| First Names |  |
| Date of Birth |  |
| Address |  |
|  |
|  |
| Post Code |  |
| e-mail address |  |
| Home Phone |  |
| Mobile Phone |  |

Learner Bank or Building Society 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 |  |
| Branch |  |
| Sort Code |  |
| Account Number |  |
| Roll Number |  |

**I confirm that the details provided on this form, the appropriate appendix and submitted evidence is accurate and completed to the best of my knowledge. I understand that giving false and incomplete information that leads to incorrect / overpayment may result in future payments being stopped and incorrectly paid funds being recovered.**

|  |  |  |  |
| --- | --- | --- | --- |
| Learner signature |  | Date |  |

Parental/Carer Details

|  |  |
| --- | --- |
| Surname/Family Name |  |
| First Names |  |
| Address |  |
|  |
|  |
| Post Code |  |
| National Insurance Number |  |
| Home Phone |  |
| Mobile Phone |  |
| Household Income of parent (Please attach required evidence to this application form) |  |

**I confirm that the details on this form, the appropriate appendix and submitted evidence are accurate and completed to the best of my knowledge. I understand that giving false and incomplete information that leads to incorrect / overpayment may result in future payments being stopped and incorrectly paid funds being recovered.**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/carer Signature |  | Date |  |

If successful, bursary payments are made on a termly basis (i.e. 3 times a year) in equal instalments of the awarded amount except in the instance where the claim is the receipts of the purchase of meals, bus pass/travel tickets, books or equipment and/or any other approved programme related expenditures in which case the claim will be processed within four weeks. If programme attendance drops below 85%, future bursary payments will be reviewed and most likely to cease. The 16 to 19 Bursary is a limited fund which has prioritised allocation; there is a possibility of no award or a limited award being allocated dependent on funds available.

This application for assistance from the 16 - 19 Bursary and Discretionary Fund is made under the priority group of:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **High**  (Appendix 1) |  | **Medium**  (Appendix 2) |  | **Low**  (Appendix 3) |  |

(Please tick one category and fill in and attach the relevant form)

**Appendix 1**

**Application for High priority funding – maximum available £1200 per annum**

This form should be completed in addition to the main application form and submitted with appropriate evidence

**Full name: Date of birth:**

I wish to apply for High Priority funding under the following criteria (please delete as appropriate):

* in care
* care leavers
* receiving Income Support, or Universal Credit because they are financially supporting themselves and/or someone who is dependent on them and living with them such as a child or partner
* receiving Disability Living Allowance or Personal Independence Payments in their own right as well as Employment and Support Allowance or Universal Credit in their own right

I wish to apply for support towards:

|  |  |  |
| --- | --- | --- |
| **Specific need (i.e. transport)** | **Amount applied for** | **Total** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I attach to this form the following evidence to support my application (please specify below):

**I confirm that the details on this application and the evidence/ receipts provided are true and accurate.**

**Signed: (Learner) Date:**

**Signed: (Parent/Carer) Date:**

|  |  |
| --- | --- |
| **For Internal use** | |
| **Date application received** |  |
| **Date reviewed** |  |
| **Outcome** |  |

**Appendix 2**

**Application for Medium priority funding – maximum available £800 per annum**

This form should be completed in addition to the main application form and be submitted with appropriate evidence

**Full name: Date of birth:**

I wish to apply for Medium priority funding under the following criteria (please delete as appropriate):

* My gross household income is below £20,000
* I am in receipt of Free School Meals
* My household is in receipt of other means tested benefits i.e. universal credit

I wish to apply for support towards:

|  |  |  |
| --- | --- | --- |
| **Specific need (i.e. transport)** | **Amount applied for** | **Total** |
|  |  |  |
|  |  |  |
|  |  |  |

I attach to this form the following evidence to support my application (please specify below):

**I confirm that the details on this application and the evidence/ receipts provided are true and accurate.**

**Signed: (Learner) Date:**

**Signed: (Parent/Carer) Date:**

|  |  |
| --- | --- |
| **For Internal use** | |
| **Date application received** |  |
| **Date reviewed** |  |
| **Outcome** |  |

**Appendix 3**

**Application for Low priority funding – maximum available £200 per annum**

This should be completed in addition to the main application form and should be submitted with appropriate evidence

**Full name: Date of birth:**

I wish to apply for Low priority funding under the following criteria (please delete as appropriate):

* My gross household income is less than £25,000
* My household is in receipt of other means tested benefits i.e. universal credit
* I have another identifiable financial need (please explain below)

I wish to apply for support towards:

|  |  |  |
| --- | --- | --- |
| **Specific need (i.e. transport)** | **Amount applied for** | **Total** |
|  |  |  |
|  |  |  |
|  |  |  |

I attach to this form the following evidence to support my application (please specify below):

**I confirm that the details on this application and the evidence/ receipts provided are true and accurate.**

**Signed: (Learner) Date:**

**Signed: (Parent/Carer) Date:**

|  |  |
| --- | --- |
| **For Internal use:** | |
| **Date application received:** |  |
| **Date reviewed:** |  |
| **Outcome:** |  |