

Application form for St John's 16-19 Bursary Scheme 2020/21

All information will be treated with the strictest confidence



Return Form to Mrs Haig-Williams

Personal Details:

Name:		Year:
DoB:		Tutor Group:
Address:		
*My attendance is currently %. It must be at least 95% to qualify for the full Bursary.		

*** Important:** Qualification for the bursary is dependent on attendance. It is the student's responsibility to liaise with their tutor with regards to their attendance data.

I would like the money to be directly paid to the school as payment towards the SN10 bus pass	YES / NO
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Individual Circumstances:

- I am in care, or I am a care leaver, or I am in receipt of income support, or disabled and in receipt of Employment Support Allowance and Disability Living Allowance
- I am entitled to Free School Meals

Household Income (there is no need to complete this section if either of the boxes above are ticked)
Annual Household Income: <input type="text"/> (household income is income that is taken into account for assessment for child tax credits or for income tax purposes)
Annual Maintenance Payments: <input type="text"/>
<input type="checkbox"/> I enclose a photocopy of Tax Credit Notice TC602
<input type="checkbox"/> I enclose alternative proof of household income

PTO

Payments will be made directly into **your** bank account by automatic transfer in October, January and March (plus an additional payment in May if there are any surplus monies).

Bank account details:

Account Name: _____

Bank Name: _____

Sort Code:

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Account Number:

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Email address for remittance advice and notification of award being made;

Agreement

I agree to meeting the attendance, work rate and behaviour criteria as detailed in the Sixth Form Bursary Policy.

I understand I am responsible for pro-actively managing my attendance data on SIMS with my form teacher and subject teachers.

Signed: _____

Date: _____

For official use only

Financial details checked

Amount paid:

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Student work rate and behaviour checked

Ref:

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Attendance over 95%

Payments to be made:

Authorised By: _____

Date: _____