16 to 19 Bursary Scheme 2024-2025

Application form

PRIVATE AND CONFIDENTIAL

* Before you complete this application form please read the guidance carefully.
* Please complete the application form using **BLOCK** capitals in black pen and return to the Finance Department at [finance@pinnerhighschool.org](mailto:finance@pinnerhighschool.org)

***All supporting evidence must be the original documentation.  Photocopies are not acceptable. Originals will be photocopied by and returned to students.***

**Section A – To be completed by all learners**

**1.1 Your personal details**

Learner’s surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learner’s first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age on 31 August 2024: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learner’s home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National insurance number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.2 Your bank or building society account details (this needs to be in the students name).**

Account holder name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of bank / building society: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sort Code: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Building Society roll number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please ensure these details are correct.**

It is important that you check that your bank account accepts BACS transfers as this is how the

bursary payments will be paid.  Post office and some credit union accounts do not accept BACS transfers.

**2.1 Which bursary are you applying for?**

Please complete **either** part 1 or 2 below.

|  |  |  |
| --- | --- | --- |
| **Part 1: Bursary grant** | | |
| Monthly payment instalments in arrears during term time only subject to meeting the school’s in attendance, punctuality, behaviour, classwork and homework. | | |
| **Eligible groups for this bursary:** | **Tick** | **Supporting evidence required** |
| Young person in care or care leaver | ☐ | Please attach supporting letter from your key worker or social worker |
| Young person in receipt of Income Support or Universal Credit in place of Income Support | ☐ | Please attach benefits paperwork dated within the last 6 weeks. |
| Young person in receipt of Employment and Support Allowance or Universal Credit and Disability Living or Personal Independence Payments | ☐ | Please attach benefits paperwork dated within the last 6 weeks. |

|  |  |  |
| --- | --- | --- |
| **Part 2: Discretionary bursary** | | |
| Please note that discretionary bursary funding is on the basis of individual need and is in the form of ‘in kind’ payments to support the following areas only:   * purchase of essential equipment and books to support studies; * school trips and other similar course-related costs; * transport costs not covered by the TFL 16+ Zip Oyster * UCAS or similar applications; * transport costs when students attend university open days or apprenticeship interviews. | | |
| **Eligible group for this bursary:** | **Tick** | **Evidence to provide and what to do next** |
| Students need to show evidence of financial need. The student was in receipt of Free School Meals the end of last academic year (Year 11) and/or be resident in a household in receipt of Tax Credits or UC. | ☐ | Last 3 months of household Universal Credit, Tax Credit statements or evidence of household income are required to confirm the financial need of the student. Please attached copies to this application or email copies to [nraval-rathod@pinnerhighschool.org](mailto:nraval-rathod@pinnerhighschool.org) to support your application. All evidence to support your application will be kept confidential. |

**Information to support application**A level subjects\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of adults in household­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ Number of children in household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of travel to school per week ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mode of transport\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pinner High School Sixth Form 16 to 19 Bursary Scheme

Terms and Conditions

The Pinner High Sixth Form 16-19 Bursary Scheme is payable to eligible students monthly in arrears, provided the following conditions have been met.

1. Students have returned a signed copy of their Bursary contract letter and the necessary supporting evidence.
2. Students’ punctuality and attendance according to the SIMS register is satisfactory. Satisfactory attendance is judged as 95% attendance for the half term (unless the absence has been unavoidable). Satisfactory punctuality is judged as no more than 5 late marks in a half term.
3. Students’ behaviour is in accordance with Sixth Form policies and the home/school agreement

1. Routine doctor/dental/medical appointments should be made outside of school hours;

1. All homework to be completed and handed in on time.

**Any stoppage of bursary support will result in written communication home informing students and parents.**

Student Name: ………………………………………………………..…………

Signed: ………………………………………………………..…………

Date: ………………………………………………………..…………