**Bursary Fund Application: Discretionary Bursary**

**Section A (to be completed by the student)**

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| Title: |  |
| First Name: |  |
| Last Name: |  |
| Student ID Number: |  |
| Address Line 1: |  |
| Address Line 2: |  |
| Town: |  |
| Post Code: |  |
| Email: |  |
| Telephone: |  |
| Age on 31/08/2024: |  |
| Date of Birth: |  |
| Course Title |  |

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| I wish to claim support from the 16 – 19 discretionary bursary fund, and I provide the following information as evidence of my **household circumstances** (please tick as appropriate and attach documentary evidence). All documentation should relate to the current financial year. **Please note, you do not have to provide all the evidence below – any evidence you provide will be taken into consideration.** |
|  | *Tick as appropriate* |
| Universal Credit, Income Support, or Employment and Support Allowance: all pages of the 3 most recent award statements showing earnings each period. |  |
| Disability Living Allowance, Carers Allowance, or Personal Independence Payments. |  |
| Wage slips for last three months |  |
| Record of housing costs (rent/mortgage) |  |
| Record of any additional income |  |
| Information provided is for this purpose only and will be treated in the strictest confidence. |

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| **DECLARATION****I confirm that I have read the school’s attached guidance, and the information provided in this form is accurate.****I understand that any false information given, or failure to notify the College of a change in circumstances will result in disqualification of support and may result in further action.****I understand that payments may be withheld if do not uphold the College’s standards of attendance, conduct, and/or progress.****I confirm I consider myself/my child to be in financial need.** |
| **Student signature:** | Date: |
| **Parent/Guardian/Carer signature:** | Date: |

**Section B (to be completed by the student)**

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| Student Bank/Building Society DetailsTo receive payments, you must have a bank account in your own name. If you do not have a bank account, you need to open one before completing this form. |
| Name of Account Holder |  |
| Name of Bank |  |
| Sort Code |  |
| Account Number |  |
| \*If you are an unaccompanied asylum seeker and do not have the appropriate documents to allow you to open a bank account, your placement should provide their details. |
| Please note that if your application for the 16-19 Bursary Fund is unsuccessful these details will be shredded. For those that are successful, these details will be kept securely and confidentially, in line with ESFA requirements. |

**Section B (to be completed by the Bursary Fund Administrator)**

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| I confirm receipt of the necessary evidence to allow SACC to process this claim. Copies of documents are held ……. |
| Course Costs:* Transport cost from home address to SACC and return 4 days per week:
* Course equipment (uniforms, etc.):
* Any other reasonable costs:
 |  |
| Award approved/amount: |  |
| Authorised by Head of Finance | Date:Name:Signature: |

**Please return completed forms via email to** **alisonjack@southend-adult.ac.uk** **or post to Alison Jack, Curriculum Leader: Student Welfare, Southend Adult Community College, Ambleside Drive, Southend on Sea, SS1 2UP**