16-19 Student Support Fund Application Form

2023-2024

|  |
| --- |
| **SECTION A: Personal Details** |

|  |
| --- |
| Name:  |

|  |
| --- |
| Address: |

|  |
| --- |
| Email/Mobile: |

|  |
| --- |
| **SECTION B: Application Criteria** |

|  |  |
| --- | --- |
| **The following criteria apply to my circumstances. I (the student) am:** | **Please tick all that apply** |
| 1. In Care
 |  |
| 1. A Care leaver
 |  |
| 1. Receiving income support (IS) or Universal Credit (UC) in my own name
 |  |
| 1. Receiving Disability Living Allowance (DLA) or Personal Independence Payments (PIP) in my own name in additional to Employment Support Allowance (ESA) in my own name
 |  |
| 1. Eligible for Free School Meals (FSM)
 |  |
| 1. In household where the total income is less than £26,000
 |  |

|  |
| --- |
| **SECTION C: Financial Support Needed (Receipts needed for all bursary payments paid direct to student)** |

|  |  |
| --- | --- |
| **I will require financial support for the following** | **Please tick all that apply** |
| 1. Public Transport to school
 |  |
| 1. Support with Lunch costs (provided by school canteen)
 |  |
| 1. Books or other equipment
 |  |
| 1. Clothes for school
 |  |

**Please tick all relevant boxes for your supporting documentation provided below**:

|  |  |
| --- | --- |
| Universal Credit / Benefit Award Letter – dated within the last three months |  |
| P60 Tax (Tax year 2022/2023) |  |
| Tax credit award(Tax year 2023/2024) |  |
| Evidence of self-employment income (2022/2023) |  |
| Other relevant evidence- please state |  |

|  |
| --- |
| **SECTION C: Declaration** |

* I confirm that I will attend regularly. I am aware of the 95% attendance requirements for all subjects as well as good punctuality and conduct.
* I understand that whilst I am in receipt of the 16-19 Bursary, it is my responsibility to immediately notify Mrs Robbins of any changes in my circumstances.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer

**Please hand in or e-mail completed forms to** **lsolomon@bishopstopfords.enfield.sch.uk** **along with the relevant proof of entitlement Monday 16th October 2023**