



ST JOSEPH'S  
COLLEGE

## St Joseph's College Bursary Fund Application Form 2018/19

### SECTION 1 - Student Details *(Please print in black ink)*

<b>Title</b>		<b>Surname</b>		<b>First Names</b>	
<b>Address</b>					
<b>Email</b>		<b>Home Tel No</b>		<b>Mobile Tel No</b>	
<b>Date of Birth</b> (DD/MM/YYYY)		<b>Your Age</b>			
<b>Residency Criteria</b> Have you the right to abode and been resident in the UK for the last 3 years?				<b>Tick which is applicable</b>	<b>Yes / No</b>
<b>Course Details</b>					
<b>Course Location</b>					

### SECTION 2 – Vulnerable Bursary (£1,200 per year), see Supplementary Information document.

*Please tick box that applies to you.*

- I am living in care
- I am a care leaver
- I am in receipt of Income Support or Universal Credit in my own right
- I am in receipt of Disability Living Allowance (or PIP) and Employment Support Allowance (or UC)

**If applying for a Vulnerable Bursary please go to Section 4 now.**

**SECTION 3 - Discretionary Bursary**

I am a student who permanently lives in a household whose parents/guardians receive one of the following: *Please tick appropriate box.*

Name of person receiving benefit	Income Support / Universal Credit	Job Seekers Allowance	Employment Support Allowance/ UC	Support under Part VI of the Immigration and Asylum Act 1999	State Pension Credit	Child Tax Credit	Working Tax Credit	Disability Living Allow. /PIP
1.								
2.								

*To be completed by the person(s) responsible for the household bills*

Name of person receiving income:	Are you employed?	Documentary Evidence Required
1.	Yes/No	If yes, please submit P60 and Working Tax Credit Award certificate – or other Inland Revenue proof
2.	Yes/No	If yes, please submit P60 and Working Tax Credit award Certificate – or other Inland Revenue proof

#### SECTION 4 – Proof of Income/Benefit/Circumstance

Whatever you have declared in Section 2 or 3 must be supported with evidence in order for an assessment to be made. The table below shows the evidence you will need to bring with this application form. *Please tick the ones you are providing.*

Type of Income/Benefit/Circumstances	Evidence Required	Tick if Supplying
<b>Annual Salary</b>	P60 for tax year 2017/18, Or, last week in March 2018 payslip Or, month 12 (March 2018) payslip And, Working Tax Credit Award Notice marked 2018/19	
<b>Income Support/ Universal Credit</b>	Entitlement/Award letter – dated in last 3 months	
<b>Job Seekers Allowance/ Universal Credit</b>	Entitlement/Award letter – dated in last 3 months	
<b>Employment Support Allowance</b>	Entitlement/Award letter – dated in last 3 months	
<b>Incapacity Allowance</b>	Entitlement/Award letter – dated in last 3 months	
<b>Carer's Allowance</b>	Entitlement/Award letter – dated in last 3 months	
<b>Any other benefit</b>	Entitlement Award letter – dated in last 3 months	
<b>Working Tax Credit</b>	Working Tax Credit Award Notice marked 2018/19. Must be for full year and not partial awards (FULL NOTICE AWARD all 6-8 pages)	
<b>Child Tax Credit</b>	Child Tax Credit Award Notice marked 2018/19. Must be for full year and not partial awards (FULL NOTICE AWARD all 6-8 pages)	
<b>Grants or Bursaries etc.</b>	Relevant paper work detailing entitlement and amount paid	
<b>Disability Living Allowance/ Personal Independence Payment</b>	Entitlement/award letter – dated in last 3 months	
<b>Any other income</b>	Relevant paperwork	
<b>In Care or Care Leaver</b>	Relevant paperwork	

## SECTION 5 – Assistance Requested

### Student Request for Assistance Detail

The amount of financial assistance you will receive is dependent on your personal circumstances. It is intended to help you with the costs of overcoming any barriers you may have when attending learning. Using the table below, please tell us what you might need financial assistance for and how much you believe you will need during the academic term.

Assistance Requested	Amount Required
Travel	
Meals	
Learning Resources (equipment)	
Clothing	
Trips inc. University Visits	
Exam Re-sits	
Other	

**SECTION 6 – Learner / Parental Declaration**

- I confirm that the information on this form is true and accurate to the best of my knowledge.
- I have made this claim for a Bursary payment, fully aware that any false statements can lead to withdrawal/refusal of any financial support and may lead to prosecution.
- I understand that if I do not provide information relevant to my claim, the application will not be accepted.
- I understand that the award I receive under the Bursary Scheme will be paid on condition of standards of attendance, performance and behaviour.
- Holidays will be unpaid.
- I will notify St Joseph’s College immediately when changes to my household financial circumstances occur which may result in changes to my claim.
- I understand that if I leave learning all financial support will stop.
- I understand that I do not have an automatic entitlement to a Bursary award.
- I am clear that the Bursary award I receive is to provide me with the means to remain in learning and is to be used for items such as books, equipment, travel costs, meals, trips, miscellaneous course costs etc.
- I understand I have the right to appeal if I disagree with the outcome of my Bursary application. This appeal should be made to the Head Teacher at St Joseph’s College.
- I understand that this application process will be repeated for each year of study.

**I confirm I have read the information provided and I agree to the conditions of this application.**

<b>Applicant (student) Signature</b>		<b>Date</b>	
<b>Parent/Carer Signature</b>		<b>Date</b>	

**SECTION 7 For Office Use Only – Bursary Assessment Details**

**Verification of Eligibility – Please tick appropriate box.**

<b>Residency Check</b> Y / N		<b>Age Check</b> Y / N	
<b>Document Check – specify</b> Y / N		<b>Vulnerable Bursary Evidence Check</b> Y / N	
<b>Signature/ Date</b>			
<b>Attendance Check</b> <b>Oct half-term</b>	%	<b>Signature/ Date</b>	
<b>Attendance Check</b>	%	<b>Signature/ Date</b>	

<b>Vulnerable Bursary</b>		<b>Discretionary Bursary</b>	
<b>Both Vulnerable &amp; additional support</b>		<b>Emergency Support</b>	
<b>Signature</b> <b>Head of 6<sup>th</sup> Form</b>		<b>Date</b>	
<b>Print Name</b>	<b>Dr K Woodburn</b> <b>Mr A Smith</b>		