

Request for Financial Assistance – Year 12 and 13

All applications are treated in the strictest confidence, and are subject to excellent student attendance and behaviour.

All applications for bursary funds must be accompanied by supporting evidence.

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|--|--------------------------|---|--------------------------|------------------------------|--------------------------|
| Name of Student: | | | | | |
| Year: | | | | | |
| Address: | | | | | |
| Bursaries are means tested and therefore household income is one of the criteria that we use to assess applications. | | | | | |
| Please tick one of the following to show what evidence you have provided. If you do not provide evidence we will be unable to process your application. | | | | | |
| P60 | <input type="checkbox"/> | Income Support/Universal credit(award letter) | <input type="checkbox"/> | Full tax credit award notice | <input type="checkbox"/> |
| Other benefits/pension (award letter) | <input type="checkbox"/> | Self-employed earnings (tax return) | <input type="checkbox"/> | 2 Most recent wage slips | <input type="checkbox"/> |
| Number of dependent children in the household: | | | | | <input type="text"/> |
| Assistance requested: | Detail: | | | Amount (with receipt) | |
| Travel | | | | | |
| Equipment/books | | | | | |
| Curriculum Trip | | | | | |
| Other (please specify) | | | | | |
| Account Holder Name: | | | | | |
| Bank Name: | | | | | |
| Branch Code: | | | | | |
| Account Number: | | | | | |
| Please provide us with any other information you may feel is relevant to your application for a bursary.(use a separate sheet if necessary) | | | | | |

DECLARATION

Public funding is provided to the School for the education of young people and as such it has a moral and statutory obligation of careful stewardship of these funds.

In signing the declaration, the student and the parent / guardian agrees to all the conditions and eligibility criteria of the Financial Assistance Bursary as outlined in the Financial Assistance policy:

- I declare that the information provided in this application is correct and complete to the best of my knowledge and belief.
- I understand that giving false or incomplete information or not telling the school about any part of our income that is relevant may jeopardise any current and future applications. Payments may be stopped and the school may seek repayment of any overpayment made. The matter may also be referred to the Department for Education or the police for further action, as appropriate.
- I undertake to advise Post 16 Development Coordinator of any change in the family financial circumstances that are relevant to this application as it may affect any future applications.
- I understand that I am eligible for financial assistance only if I am a current student at Stratford upon Avon School.
- I understand the application is subject to school attendance and behaviour standards and I'm fully aware of what the expectations are. Failure to comply with this may cause any bursary to be withdrawn.

SIGNATURE OF STUDENT _____ Date: _____

SIGNATURE OF PARENT/GUARDIAN _____ Date: _____

Office Use Only:

Post 16 Development Coordinator (Year 12 to 13)

Signtaure: _____ Date: _____

Further Authorisation if required:

Strategic Business Manager / SLT

Signtaure: _____ Date: _____