**Codsall Community High School**

**16-19 BURSARY FUND APPLICATION FORM**

**VULNERABLE STUDENT BURSARY (CRITERIA 1)**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Year Group** |  |
| **Contact Number(s)** |  |
| **National Insurance No** |  |

Please tick all boxes that apply:

***Original documents must be shown and copies will be taken to support the claim.***

* I am in receipt of Income Support or Universal Credit (copy of your claim from the DWP or award notice)
* I am in care or have recently left local authority. (Written confirmation from the local authority that looks after them)
* Receiving Income Support, or Universal Credit because you are financially supporting yourself or financially supporting themselves and someone who is dependent on them and living with them such as a child or partner. (copy of your claim from the DWP or award notice)
* Receiving Disability Living Allowance or Personal Independence Payments in their own right as well as Employment and Support Allowance or Universal Credit in their own right.

We support claims for the cost of transport and school meals.

If you would like this to support your claim, please tick the boxes that apply

* I would like school meals to the value of £2.50 per day
* I would need the bursary to support the cost of transport using the school bus facility. **This is a service provided from Perton or Pattingham only**

Please enter any comments relevant to your application and attach documentary evidence (photocopies are acceptable):

Please note that any bursary award will be subject to you meeting all the targets and objectives set out in your Sixth Form Learning Agreement, satisfactory attendance and behaviour and producing documentary evidence to the Bursary Panel. All of the information provided on this application will be treated confidentially but please note that we may need you to ask your parent/carer for further information to support your application.

**Student signature: Date:**

***Please return to: The Bursary Panel, c/o The Sixth Form Office together with documentary evidence of income and receipts as appropriate.***

***For office use only***

|  |  |
| --- | --- |
| ***Name:*** |  |
| ***Date claim received:*** |  |
| ***Claim agreed:*** | ***YES/NO*** |
| ***Amount:*** |  |
| ***Reason if declined:*** |  |
| ***Evidence documents witnessed:***  |  |
| ***Date confirmation letter sent:*** |  |
| ***Authorisation signatures:****NB Two members of the Bursary Panel are required to authorise payment.* |  |