

The Kings of Wessex Academy

16-19 Bursary Fund Application 2023 - 2024

OVERVIEW

The 16-19 Bursary Fund is allocated to the school by the government. It is designed to support post-16 students in full time education with the financial challenges of their continuing education. Students (or their parents/carers) in receipt of the following are eligible for this support. All applications must be submitted annually by 30 September 2023. The type of support available varies depending on which of these categories a student (or parent/ carer) is eligible for:

Bursary	Status
Vulnerable Learner payment of £1200 per year	Young people in care / Care leavers Young people receiving income support or Universal Credit because you are financially supporting yourself Disabled young people receiving both disability living allowance and employment & support allowance or Universal Credit Young people receiving Personal Independence and employment & support allowance or Universal Credit
Termly Discretionary Payments Group 1 & 2	Students currently in receipt of Free School Meals Students previously eligible for Free School Meals during last 6 years Student households with an in income less than £30,000 per annum
'One-off' Discretionary Payments to support learning Group 3	Students in exceptional circumstances

NB. For all payments, students must meet the eligibility criteria for attendance, behaviour and academic standards.

APPLICATIONS FOR THE BURSARY FUND

Applications for all payment types should be made using the 16.19 Bursary Fund Application Form.

Applications for Vulnerable Learner and Termly Payments should be completed at the start of the academic year. Students who gain eligibility due to a change in circumstances during the year are able to apply at any stage in the year.

THE KINGS OF WESSEX SIXTH FORM: 16-19 BURSARY FUND APPLICATION FORM

Please complete all the sections of this form. Please complete this form using BLOCK CAPITALS

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SECTION 1 – About the Pare	ent/Carer					
Please provide your name as Service	s known by the Benefits Agency, Inland R	evenue, Liberata or	National Asylur	n Support		
Surname:		First Name & Middle Names:				
Your Date of Birth:		National Insurance Number:				
Address:						
			Postcode:			
Contact Telephone Number	rs:					
Do you have a husband/wif	e or partner living at this address?		YE	es 🗌	NO 🗆	
If yes, please give details:	Surname:	Firs	t Name(s):			
Have you moved home in the last 12 months? YES NO						
If yes, please give your previ	ious address:					

SECTION 2 – Conf	firmation of Pare	ent/Carer B	enefit Received					
Is the parent(s)/co								
A. Current Free S	School Meals? *				١	res [νο □
	unable to process you chool Meals has been		or bursary funding until you hav	e provided the letter of a	uthorisation from	Somerset Co	ounty Co	ouncil stating that your
B. Ever 6 Free Scl	hool Meals? *					res [№ □
* Please note that the	school must either ho	old evidenced h	nistoric records for type of appli	cation which we can chec	k for you, or plea	se provide a	copy of	your last eligibility letter.
C. Child Tax Cred	lit/Universal Cred	dit? **			\	res [№ □
	-		se provide a copy of the HMRC g credits into the account). If in		-		-	
D. Household inc	come under £30,	000 **			,	res [№ □
** Please provide evid	dence in the form of Pt	60, original tax	credit award					
SECTION 3 – Conf	firmation of You	ng Person's	Status					
				First Name &				
Surname:				Middle Names:				
Date of Birth:			Mode of Transport to S					
Is the Young Per								
* Please provide sup A. In Care?	pporting eviaence o	alongside you	ur application.		I ,	res [\neg	№ □
B. A Care Leaver?						res [NO 🗆
C. Receiving Incom	ne Support?					res [NO 🗆
-	ng person receiving	g both Emplo	oyment Support Allowance	and Disability Living		res [NO 🗆
Allowance? SECTION 4 – Ban	nk Details of You	ng Person						
Name of Young (as per bank accou								
Bank Name:								
Sort Code:				Account Number:				
SECTION 5 – EXC	CEPTIONAL CIRCL	JMSTANCE	s					
Please provide d	etails of exception	onal circums	stances:					
SECTION 6 - DEC	CLARATION							
I confirm that the circumstances cha		this form is	correct at the time of co	ompletion, and that	I will inform t	he school	as ne	cessary if
I have attached al	II necessary evide	ence, if app	licable.					
		, ,				Data		
Parent/Carer Sig	;nea:					Date:		
						Date:		
Young Person Sig	gnea:							ı

THE KINGS OF WESSEX SIXTH FORM: 16-19 BURSARY FUND CLAIM FORM

- * You must have made an application to the bursary fund before you can submit a claim form. *
- If you are completing this at the same time as the application form, your claim will be processed alongside this.
- If you have had a previous successful application, you may submit claims throughout the year for additional support as they arise.

Funding commitments for 'one_off' discretionary payments will not exceed the total funding available via the 16-19 Bursary Fund. If there is greater demand than funding allows then learners will receive a lower payment.

SECTION 1 – Stud	dent Details					
Surname:			First Name & Middle Names:			
Date of Birth:			Year and Tutor Group:			
SECTION 2 - Clair	m for Payment Support					
I would like to rec	quest assistance towards t	he following items:				
ITEM - Please list	t all separately					TOTAL COST OF ITEM
as an educational	l establishment. closing copies of receipts/	est support from the Bursa evidence of the total cost				e able to get better pricing
Young Person Sig	gned:			Dat	e:	
Please return all pape	erwork to:	Please post in the Post Box at Kings Reception, marke attention of the Finance Office				
OFFICE USE ONLY:						
Received:		_				
Processed:		Outcome:		_		
Notified Applicant:		Notes:				