



The Kings of Wessex Academy

16-19 Bursary Fund Application 2024 - 2025

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 <i>and</i> employment & support allowance or Universal Credit Young people receiving Personal Independence <i>and</i> 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

SECTION 1 – About the Parent/Carer

Please provide your name as known by the Benefits Agency, Inland Revenue, Liberata or National Asylum Support Service

Surname:		First Name & Middle Names:	
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Your Date of Birth:		National Insurance Number:	
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Address:			
		Postcode:	

Contact Telephone Numbers:	
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Do you have a husband/wife or partner living at this address?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please give details:	Surname:	First Name(s):

Have you moved home in the last 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please give your previous address:		

SECTION 2 – Confirmation of Parent/Carer Benefit ReceivedIs the *parent(s)/carer(s)* in receipt of:

A. Current Free School Meals? *	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>* Please note we are unable to process your application for bursary funding until you have provided the letter of authorisation from Somerset County Council stating that your application for Free School Meals has been approved.</i>		
B. Ever 6 Free School Meals? *	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>* Please note that the school must either hold evidenced historic records for type of application which we can check for you, or please provide a copy of your last eligibility letter.</i>		
C. Child Tax Credit/Universal Credit? **	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>** As proof of receipt of Child Tax Credit and income, please provide a copy of the HMRC Final Tax credits decision document for the most recent financial year for which you have records (or suitable alternative ie bank statement showing credits into the account). If in receipt of Universal Credit please enclose copies of the 3 most recent monthly award statements.</i>		
D. Household income under £30,000 **	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>** Please provide evidence in the form of P60, original tax credit award</i>		

SECTION 3 – Confirmation of Young Person's Status

Surname:		First Name & Middle Names:	
Date of Birth:		Mode of Transport to School: <i>(Please give details, e.g. bus number)</i>	

Is the **Young Person**:** Please provide supporting evidence alongside your application.*

A. In Care?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B. A Care Leaver?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C. Receiving Income Support?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
D. A disabled young person receiving both Employment Support Allowance and Disability Living Allowance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 4 – Bank Details of Young Person

Name of Young Person: <i>(as per bank account)</i>			
Bank Name:			
Sort Code:		Account Number:	

SECTION 5 – EXCEPTIONAL CIRCUMSTANCES

Please provide details of exceptional circumstances:

SECTION 6 - DECLARATION

I confirm that the information on this form is correct at the time of completion, and that I will inform the school as necessary if circumstances change.

I have attached all necessary evidence, if applicable.

Parent/Carer Signed:		Date:	
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Young Person Signed:		Date:	
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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 – Student Details

Surname:		First Name & Middle Names:	
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Date of Birth:		Year and Tutor Group:	
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SECTION 2 - Claim for Payment Support

I would like to request assistance towards the following items:

ITEM - Please list all separately	TOTAL COST OF ITEM

* Where possible you should request support from the Bursary **BEFORE** paying for an item, as we may be able to get better pricing as an educational establishment.

* I am enclosing copies of receipts/evidence of the total cost of the items I am claiming for. Subject letters are acceptable regarding costs for specific items.

Young Person Signed:		Date:	
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Please return all paperwork to:

**Please post in the student
Post Box at Kings
Reception, marked for the
attention of the
Finance Office**

OFFICE USE ONLY:

Received: _____

Processed: _____ Outcome: _____

Notified Applicant: _____ Notes: _____

Finance: _____