

HAMPTON ACADEMIES TRUST: 16-19 Bursary Fund Application 2019/20

- Please complete this form in **BLOCK CAPITALS**
- Make sure you sign and date the application

SECTION 1: YOUR PERSONAL DETAILS	
School where you are registered :	
Surname:	
First Name(s):	
Gender:	<input type="checkbox"/> Male <input style="margin-left: 100px;" type="checkbox"/> Female
Date of Birth:	
Age on 31 August 2019:	
Please confirm that you have permission to reside in the UK and are entitled to education <input type="checkbox"/> Yes <input style="margin-left: 20px;" type="checkbox"/> No	
Home Address:	
Post Code:	
Email address:	
Home Phone No:	
Mobile Phone No:	

SECTION 2: PARENT/CARER CONTACT DETAILS	
Title (<i>Mr, Miss, Mrs, Ms, Dr, etc</i>):	
Surname:	
First Name(s):	
Relationship:	
Address and post code (<i>if different from above</i>):	
Email address:	
Home Phone No:	
Mobile Phone No:	

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SECTION 3: HOUSEHOLD DETAILS

Please state who you live with and their relationship to you.

Name	Relationship to you eg mother, father, brother, sister, partner, etc	Please tick if they are under 16

SECTION 4: Bank Details

Please provide details of the bank account you would like any bursary payments to be made into

NAME OF BANK:

ADDRESS OF BRANCH:

POSTCODE:

SORT CODE:

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BANK ACCOUNT NO

NAME(S) ON BANK ACCOUNT:*

BUILDING SOCIETY ROLL NO:

**Please note that all payments must be made into the bank account held by the Bursary applicant i.e. the Student. Direct payments cannot be made into the bank account of any other person even a Parent or Carer.*

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SECTION 5: CIRCUMSTANCES

If any of the following circumstances apply to you, please tick the box:

<input type="checkbox"/>	I am currently in care/classed as looked after by the Local Authority.
<input type="checkbox"/>	I have been in care and am now classed as a "Care Leaver".
<input type="checkbox"/>	I am fully estranged from my parent/s and receive Income Support or Universal Credit.
<input type="checkbox"/>	I am disabled and in receipt of both Employment Support Allowance and Disability Living Allowance (or Personal Independence Payment).
<input type="checkbox"/>	I was in receipt of Free School Meals in the last Academic Year *
<input type="checkbox"/>	I am currently in receipt of Free School Meals **
<input type="checkbox"/>	I was in receipt of a 16-19 Bursary Grant in the last Academic Year.

*** If you are new to Hampton Academy Trust - we will require a letter from your previous school to confirm this.**

**** - If you are currently receiving Free School Meals, you will be eligible for the 16-19 bursary. Please go to section 7.**

SECTION 6: INCOME DETAILS (For Household)

Please complete this section to show which benefits or income your household is receiving.

IMPORTANT - Please attach the relevant letter or wage slip to support your application.

We have to keep a copy of all evidence for Audit purposes. Applications cannot be processed without evidence of household income.

Type of Income		Yes / No		Evidence required
A	Income Support / Universal Credit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	An award letter which is less than 3 months old at the date of your bursary application
B	Working Tax Credit / Child Tax Credit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pages 1-4 of your most recent Tax Credit Award
C	Disability Living Allowance / Personal Independence Payment / Employment Support Allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	An award letter which is less than 3 months old at the date of your bursary application
D	Other Benefits / Pensions (specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	An award letter which is less than 3 months old at the date of your bursary application
E	Earned income with no additional benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Include last 3 monthly wage slips or last 6 weekly wage slips of 4 fortnightly wage slips
F	Self-Employed with no additional benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Audited accounts or official tax return
G	In Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Letter from Social Worker
H	Care Leaver	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Letter from Social Worker

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Please note that applications where Household Income exceeds £30,000 per annum may be considered for support under exceptional circumstances.

SECTION 7: WHAT SUPPORT DO YOU REQUIRE?

Please tick the box to show what you need help with

<input type="checkbox"/>	School Meals
<input type="checkbox"/>	Equipment, Books, Resources required for the course
<input type="checkbox"/>	Transport costs
<input type="checkbox"/>	Exam fees (for resits)
<input type="checkbox"/>	Educational visits
<input type="checkbox"/>	School Uniform
<input type="checkbox"/>	University Open Day visits and interview costs
<input type="checkbox"/>	Other expenses (<i>Please give details below</i>)

Please try to outline how much you think each item will cost - you do not need to be exact.

Mrs Britten or Miss Elliott will be able to help if you are unsure.

SECTION 8: NOTES TO CONSIDER

- Any equipment bought for you to use whilst studying at **Hampton Academy Trust** will belong to the Trust. Such items will be "loaned" to you and on completion of the course should be returned.
- Your attendance will be monitored and if you withdraw from the course you will be expected to return or reimburse the Trust for any equipment/kit/books we have helped to pay for.
- If you are eligible for the £1,200 guaranteed bursary you might receive some or all of this as cash.
- Further details will be discussed with you on verification of eligibility.

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SECTION 9: THE COMPLETED APPLICATION FORM

Applications should be put in a sealed envelope and returned to the Main Reception Office or Finance Office, addressed as follows:-

PRIVATE & CONFIDENTIAL
Mrs G Hamey
Finance Manager
Hampton Academies Trust
c/o Hampton College

Completed application forms must be returned along with the evidence that supports your application.

We may ask you for more information if you do not include all the documents we need, and this can then delay your application being processed.

Once your application has been assessed you will be notified in writing as soon as a decision is made. Please allow up to 14 days for your application to be processed.

Please note that we are required to keep a copy of all supporting documents for Auditing.

Appeals: If you disagree with the decision made on your application, you may appeal. Please contact the Headteacher who will review the decision again, and any new information or change in circumstances.

Data Protection Act 1988: The information that you give on this form will be used for the purpose of processing your application for help with your educational needs. Hampton College has a duty to protect the public funds it handles and may use the information you have provided on this form to prevent and detect fraud. It will not be used for any other purpose without your permission.

SECTION 10: DECLARATION

I declare that the information on this application form is correct and all relevant evidence is attached.

Signature of Student:	
Signature of Parent/Carer:	
Date:	

SECTION 11: AUTHORISATION BY FINANCE MANAGER

Notes/Comments:	
Signature:	
Date:	