

### **Deadline for Applications 25th October 2024**

# BELLERIVE 16-19 BURSARY FUND FOR SIXTH FORM STUDENTS 2024-25 Application Form

Part 1: Student Details		
Forename		
Middle Name/s		
Surname/Family Name		
Date of Birth		
Age on 31 August 2024		
Home Address		
Postcode		
Telephone Home		
Mobile		
Email Address		
Part 2: Parental Contact De	rtails	
Title		
Forename		
Surname		
Relationship		
Address		
Postcode		
Telephone Home		
Mobile		
Email Address		
Part 3: Household Details		
Please state who you live w	ith and their relationship to you	
Name	Relationship to you e.g. mother, father, brother, sister, partner etc.	Age if under 16



Part 4: Bursary Application circumstances. Students micircumstances  Category 1 (Vulnerable Bursary)	ay be awarded one bursary) of up to £1,200	rsary per academic year ba	sed upon their individual
If any of the following circu			e box:
	er by the Local Authori	ty	
You are a Care Leav			
_	·	port or Universal Credit be	cause you are financially
supporting yoursel	f		
You are 16-19 and	receive Disability Livin	g Allowance (DLA) in your n	ame and either
Employment and S	support Allowance (ES	A) or Universal Credit	
You are 16-19 and receive Personal Independence Payment (PIP) in your name and either			our name and either
ESA or Universal C	redit		
I confirm that I wish	h to apply for a Categ	ory 1 (Vulnerable Bursary)	of £1,200 per annum
You can now move on	to Part 5 of the form	and tell us about the suppo	rt that you require
Category 2 (Discretionary I If any of the following circu	• •		e box:
☐ I am in receipt of F	ree School Meals at ar	ny point in my Sixth Form st	udies
☐ I confirm that I wi	sh to apply for a Cate	gory 2 (Discretionary Bursa	ry) of £800 per annum
You can now move on	to Part 5 of the form a	nd tell us about the suppor	t that you require



#### **Part 5: Support Requested**

The Education & Skills Funding Agency does not recommend that large or lump sum bursary payments are made to students.

The School follow this advice and therefore offers individual support as outlined below.

Please complete the table below to indicate how you wish to receive your bursary funding, if approved

			Tick if requested	Amount £
1	Voucher for a Merseytravel pass (annual, termly etc) <b>Not School Bus</b>	Request Voucher from Finance Office		£
2	ParentPay Credit	In addition to FSM, catering credit - to spend on meals, snacks and drinks in the School Bistro.		£
3	ParentPay Credit	School trips / enrichment – we will reserve this amount of funding and apply it to specific trips at your request		£
4	Books, Equipment, Uniform etc **	Receipts for anything purchases must provide a receipt for reimbursement		£
Total Su	pport Requested			£

\*\* The bursary cannot be used for purchasing laptops / computers

Any Adhoc requests or requests due to exceptional circumstances should be made to the Finance Manager in the first instance



#### Part 6: Income Evidence (For Household)

Please indicate which of the following benefits/income you are currently in receipt of. Please send copies of these as evidence of the household income.

Туре	e of Income	Yes/No	Evidence required
А	Income Support		Most recent award letter
В	Working Tax Credit / Child Tax Credit		Pages 1-4 of your most recent Tax Credit Award
С	Income-based Employment and Support Allowance (ESA)		Most recent award letter
D	Universal Credit		Most recent award letter
E	Other Benefits including DLA or PIP/Pensions Credit etc		Most recent award letter
F	Earned income with no additional benefits		Include last 3 monthly wage slips or last 6 weekly wage slips or 4 fortnightly wage slips
G	Self-employed earnings with no additional benefits		Audited accounts or official tax return

Part 7: Student Payment Details (BACS)		
Name of Bank		
Bank Branch		
Account Holder's Name		
Account Number		
Sort Code		
Part 8: Authorisation by Ho	ead of Sixth Form	
Attendance		
Achievement		
Behaviour		



Part 9: Declaration	
•	on given above is correct and understand that the school has the right to ipment costs if I am found to have provided incorrect information or do
Signature of parent (or student if living independently)	
Date	
Comment	
Signature of Student	
Date	
evidence of household inco Office to discuss possible alt circumstances that may app Please return this form to: Bellerive 16-19 Bursary Fun Finance Office Bellerive FCJ Catholic Colleg Liverpool L17 3AA	d ge
	nformation, help completing the application form or further support, please in confidence, on (0151) 727 2064 or e-mail <a href="mailto:broomm@bellerivefcj.org">broomm@bellerivefcj.org</a>
For Office Use Only:	
Application received (date):	:
Approved: Yes / No	Comment