



**YOUR
FUTURE
FIRST**

16-19 STUDENT BURSARY APPLICATION FORM 2024-25

Please refer to the 16-19 Bursary Funding Statement 2024-25 when completing this form.

Please complete **all** information in BLOCK capitals:

Student Surname:	Student Forename:
Date of Birth:	Sex: Male/Female
Previous School Name (if did not attend St Nicholas Catholic High):	
Address:	
How long have you been resident in the UK?	
Home Telephone Number:	Parent Mobile Number:
Student Mobile:	Student E Mail:

1. Are you a young person in care?	Yes	No
2. Are you a care leaver?	Yes	No
3. Are you a young person in receipt of Income Support or Universal Credit?	Yes	No
4. Are you in receipt of Disability Living Allowance or Personal Independence Payments as well as Employment and Support Allowance or Universal Credit?	Yes	No

If you answered YES to any of the above questions, please attach evidence of this with your application form, please refer to the bursary funding statement.

5. Are you eligible for free school meals?	Yes	No
6. Does your household receive means-tested benefits e.g., -Working Tax credit or Universal Credit?	Yes	No
7. What is your household income? (Please complete)	£	

Please supply evidence of your household income by way of your 3 most recent monthly Tax Credits or Universal Credit award statements for example.

8. How do you travel to school?	
9. If you travel by public transport (excluding the school bus service) what are the weekly costs?	£

Please supply evidence of travel costs to school (this is not required if you use the school managed bus service).

10. Do you have any course/equipment costs?	Yes	No
11. Please provide additional information including estimated costs:		

12. Please provide additional information that may be relevant (Attach an additional page if necessary).
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13. Please provide the student's banking details, where funds might be sent by BACS:	
Account Holder's Name	
Bank Name:	
Sort Code:	
Account Number:	

- I/We understand that the bursary will be provided on the basis that certain conditions are met as detailed in the Bursary Fund Statement 2024-25
- I/We confirm that all information provided is correct and complete to the best of our knowledge and belief and I will notify the school if any circumstances change.
- I/We understand that giving false or incomplete information that leads to incorrect/overpayment may result in future payments being stopped and any incorrectly paid funds being recovered. This may result in a referral to the police and the possibility of prosecution.

Student Signature:

Parent/Carer Signature:

Date:

Please deliver this form along with supporting evidence to Mrs O'Hanlon in the Finance Team by 20th September 2024