



**KINGSTHORPE COLLEGE**

**BURSARY  
APPLICATION  
FORM  
Post 16**



**Kingsthorpe College**  
ASPIRATION | RESPONSIBILITY | RESPECT | CARE



Prior to completing this form please read the financial support information at the back of this document. Proof of entitlement must be included when the form is returned.

**PART A – STUDENT DETAILS – You must complete this section.**

Surname/Family Name:	
First Names:	
Date of Birth:	
Address:	
Post Code:	
Email address:	
Phone:	

**Student Bank or Building Society Details**

To receive payments, you must have a bank account in your own name. If you do not have a bank account, you need to open one before completing this form.

Name of Account Holder:	
Name of Bank:	
Branch:	
Sort Code:	
Account Number:	
Roll Number:	

I confirm that the details are true and accurate. I also accept that if I have any unauthorised absences throughout the school day or effort and/or behaviour falls below acceptable standards, funding may be removed.

Student Signature: ..... Date.....

Prior to completing this form please read the financial support information at the back of this document. Proof of entitlement must be included when the form is returned.

**PARENT/CARER DETAILS – You must complete this section.**

Surname/Family Name:	
First Names:	
Date of Birth:	
Address:	
Post Code:	
National Insurance Number:	
Home Phone:	
Mobile Phone:	
Household income: (Please attach required evidence to this application form – see notes attached)	

This application for assistance from the Post 16 Bursary Fund is made under the following category (see supporting notes)

<b>High</b> (attach Appendix 1 Form)		<b>Medium</b> (attach Appendix 2 Form)		<b>Low</b> (attach Appendix 3 Form)
---	--	---	--	--

I confirm that the details on this application form and the evidence provided are true and accurate.

Parent/Carer Signature: ..... Date.....

Prior to completing this form please read the financial support information at the back of this document. Proof of entitlement must be included when the form is returned.

**PARENT/CARER DETAILS – You must complete this section.**

Surname/Family Name:	
First Names:	
Date of Birth:	
Address:	
Post Code:	
National Insurance Number:	
Home Phone:	
Mobile Phone:	
Household income: (Please attach required evidence to this application form – see notes attached)	

This application for assistance from the Post 16 Bursary Fund is made under the following category (see supporting notes)

<b>High</b> (attach Appendix 1 Form)		<b>Medium</b> (attach Appendix 2 Form)		<b>Low</b> (attach Appendix 3 Form)
---	--	---	--	--

I confirm that the details on this application form and the evidence provided are true and accurate.

Parent/Carer Signature: ..... Date.....

# KINGSTHORPE COLLEGE



## APPENDIX 1 – Application for HIGH Priority Funding

This form should be completed in addition to the main application forms and should be submitted with the appropriate evidence:

Full Name:	
Form:	Date of Birth:

I wish to apply for High Priority funding under the following criteria (please delete as appropriate):

- I am living in care
- I have just left living in care
- I am in receipt of Income Support or Universal Credit.
- I am disabled and receiving both Employment Support Allowance (ESA) and Disability Living Allowance (DLA) or Personal Independence Payments (PIP).

I am attaching to this form the following evidence to support my application (***please list below***).

The benefit evidence **MUST** be in the name of the student and not any parent.

I confirm that the details on this application form and the evidence provided are true and accurate.

**Signed: (Student)** ..... **Date**.....

**Signed: (Parent/Carer)** ..... **Date**.....

*For office use only:*

Date application received:

Date application reviewed:

Outcome:

## APPENDIX 2 – Application for MEDIUM Priority Funding

Please complete the tables below and give specific details of the financial support you are requesting (e.g. assistance with the cost of books and materials for your courses, lunches, travel to and from school, educational visits, exam resit fees, visits to open days)

Full Name:	Form:	Date of Birth:
------------	-------	----------------

I wish to apply for Medium Priority funding under the following criteria (please delete as appropriate):

- My gross annual household is below £20,000 and
- I am in receipt of Free School Meals (FSM)

I wish to apply for support towards:

Specific weekly need (i.e. transport to school, meals)	Cost per week

Individual item need (i.e. books, equipment, school trips, university visits):	Cost

I attach to the form the following evidence to support my application:

**I will be able to provide receipts for the above. I confirm that the details on this application form and the evidence provided are true and accurate.**

**Signed: (Student) .....** **Date.....**

**Signed:(Parent/Carer) .....** **Date .....**

*For office use only:*

Date application received:

Date application reviewed:

Outcome:

### APPENDIX 3 – Application for LOW Priority Funding

Please complete and return with the supplementary evidence.

Full Name:	Form:	Date of Birth:
------------	-------	----------------

I wish to apply for Low Priority funding under the following criteria (please delete as appropriate):

- My gross annual household is between £20,000 and £25,000
- I have another identifiable financial need (please detail below)

Specific weekly need (i.e. transport to school, meals) :	Cost per week

Individual item need (i.e. books, equipment, school trips, university visits):	Cost

I attach to the form the following evidence to support my application:

**I will be able to provide receipts for the above. I confirm that the details on this application form and the evidence provided are true and accurate.**

**Signed: (Student) ..... Date.....**

**Signed:(Parent/Carer) ..... Date .....**

*For office use only:*

Date application received:

Date application reviewed:

Outcome:

# KINGSTHORPE COLLEGE



## DECLARATION (Please ensure the form is signed)

- I / we have read and understood the guidance notes supplied with this application form.
- I / we confirm that the information given above is correct and complete to the best of my / our knowledge and belief and is a true reflection of my / our financial position.
- I / we undertake to inform the school immediately if my / our circumstances change.
- I / we understand that if the student leaves school they will not be eligible to receive further payments and overpayments may have to be repaid.
- I / we understand that payment of any award is conditional upon the student meeting their obligations under the school commitment regarding attendance, performance, behaviour and compliance with all procedures.
- I / we understand that the information provided may be shared with other agencies or organisations, as allowed by law, for the purposes of checking this application and / or the prevention of fraud.
- I / we confirm that the student is eligible for support from the Post 16 Bursary Fund on residency grounds and will provide suitable supporting evidence if required.

Signed by the student:		Date:
Signed by the parent/carer:		Date:
Signed by the parent/carer:		Date:

**The school reserves the right to amend or update the application form and procedures during the academic years 2023/24 and 2024/25.**