Application Form for 16-19 Bursary
(Any incomplete or illegible applications forms will not be considered)

Name: _____ Tutor Group: _____

Date of Birth: _____

Please tick which of the following applies to you:-

Guaranteed Award:
Child in Care ☐
Care Leaver ☐
Student in receipt of Income Support, Disability Living Allowance or Child Benefit ☐

Discretionary Award
Student receiving Free School Meals (no further financial evidence required) ☐

Student living in household with annual income **not exceeding £21,000** per annum ☐
Please note you will need to provide evidence of income, this may be in the form of most recent P60(s) for all parent/carers living at the same address as student. Or, you will need to provide clear evidence that you are in receipt of the following benefits: Tax Credits, Income Support, Income-based Jobseekers' Allowance, Employment Support Allowance, Support Under part VI of the Immigration and Asylum Act 1999, Guaranteed Element of Pension Credit.
Evidence will only need to be provided with the first application during any school year (not necessary for subsequent applications).

Expense	Details/Reasons	Amount Requested
Books and equipment	You must supply the ISBN number for any text book, which we will order on your behalf. Receipts must be provided for any other items already purchased.	£
Fees, exam re-sits		£
Transport costs (DCC school bus pass only)		£
Essential course trips		£
Interviews and open days		£
Other costs (Please specify)		£
TOTAL AMOUNT REQUESTED	£	

Please insert subjects and levels being studied.

Please ensure you have provided any financial evidence as listed overleaf. Without this information it will not be possible to process your application to the Bursary Fund.

Signed Student:_____

Signed Parent/Carer:_____

Parent/Carer PRINT NAME:_____

Date:_____

For Office use only:-

Date Received _____ Signed:_____ Staff initials:_____

Application Approved:_____ (Yes/No/Partial)

Amount to be given:_____

Method of payment:_____

Signed:_____

PRINT NAME:_____

Position:_____

Justification of Award

Tavistock COLLEGE
A SPECIALIST LANGUAGE COLLEGE

16 – 19 BURSARY

Please supply your bank account details below and return this form to the Sixth Form Office (along with your completed application form), so that we can reimburse your recent expenses from the 16-19 Bursary Fund.

<u>Student's account</u>

Name of Account Holder:
……(please print)

Sort Code:
……

Account No:
……