# ST NICHOLAS CATHOLIC HIGH SCHOOL

# 16-19 STUDENT BURSARY APPLICATION FORM 2020-21

***Please deliver this form to the Finance Department along with any relevant evidence***

Please complete all information in BLOCK capitals:

|  |  |
| --- | --- |
| Surname: | 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.**

|  |  |  |
| --- | --- | --- |
| 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 your 3 most recent monthly Tax Credits or Universal Credit award notices for example**

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

**Please supply evidence of the cost of transportation to school (this is not required if you use the school managed bus provision).**

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

**Please supply evidence of the costs at school.**

12. Please provide additional information that may be relevant (Please attach further details if necessary).

|  |
| --- |
| 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 confirm that all information provided is true and I will notify school if any circumstances change. I/We understand that the bursary will be provided on the basis that certain conditions set by the school as detailed in the Bursary Contract and understand that money may be claimed back if I/We knowingly gave information which is discovered to be false.

Student Signature: …………………………………………..

Parent Signature: …………………………………………….

Date: …………………………………………….