



## 16-19 STUDENT BURSARY APPLICATION FORM 2023-24

Please refer to the 16-19 Bursary Funding Statement 2023-24 when completing this form.

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

Student Surname:	Student Forename:	Student Forename:		
Date of Birth:	Sex: Male/Female	Sex: Male/Female		
Previous School Name (if did not attend S	St Nicholas Catholic High):			
Address:				
How long have you been resident in the U	JK?			
Home Telephone Number:	Parent Mobile Number:	Parent Mobile Number:		
Student Mobile:	Student E Mail:			
Are you a young person in care?	<u>'</u>	Yes	No	
2. Are you a care leaver?		Yes	No	
3. Are you a young person in receipt of Income Support or Universal Credit?			No	
4. Are you in receipt of Disability Living Allowance or Personal Independence Payments as well as Employment and Support Allowance or Universal Credit?			No	
f you answered VES to any of the above of	workions places attach ovidence of this	with you	<u> </u>	
f you answered YES to any of the above quality application form, please refer to the bursa	-	with you		
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?			No	
7. What is your household income? (Ple	ease complete) £			
Nacco supply avidance of your bousehold	lincome by way of your 3 most recent m	onthly Ta		

8. How do you travel to	school?		
9. If you travel by publi service) what are the	c transport (excluding the school bus weekly costs?		
lease supply evidence of us service).	travel costs to school (this is not required if you	use the school	managed
10. Da way have any sa	www./a.w.in.ma.art.aa.ats2		T
10. Do you have any course/equipment costs?		Yes	No
11. Please provide add	itional information including estimated costs:		
12. Please provide add necessary).	itional information that may be relevant (Attach	an additional p	age if
necessary).			
13. Please provide th	e student's banking details, where funds might l	be sent by BACS	:
Account Holder's Name			
Bank Name:			
Sort Code:			
Account Number:			
	hat the bursary will be provided on the basis tha d in the Bursary Fund Statement 2023-24	it certain condit	ions
	all information provided is correct and complete lief and I will notify the school if any circumstance		our
overpayment may	that giving false or incomplete information that I result in future payments being stopped and an ered. This may result in a referral to the police an	y incorrectly pai	id
Student Signature:			
Parent/Carer Signature	o:		
Date:			

Please deliver this form along with supporting evidence to Mrs O'Hanlon in the Finance Team by 30<sup>th</sup> September 2023