

## Okehampton College

## Post-16 Bursary Fund

## Application Form 2024/25

 **To be returned to Mrs Little in the Post-16 Office at Wardhayes or via the main school reception**

**To maximise your chances of being allocated bursary funding we recommend that all applications are received as early as possible.**

**Applications received later in the school year will still be considered but note that funds are limited and will be allocated based on initial applications.**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tutor Group \_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please tick which category of award you are applying for and the reason why you feel you are eligible within that category. You should only tick one box.

**Group 1 – Award For Vulnerable Learners**

Child In Care

Care Leaver

Young Person in receipt of Income Support

Disabled Young People in receipt of Employment Support Allowance **and** Disability Living Allowance

**Group 2A – Discretionary Award (FSM)**

Free School Meals

**Group 2B -** **Discretionary Award (Other than FSM)**

 Low income – evidence provided

 Other

Please ensure that you provide up to date evidence of income - for example: copies of your letter from the Department of Work and Pensions confirming your family’s benefits, a P60, a Tax Credit Award Notice, 3 months Universal Credit Statements or evidence of your family’s annual income if they are self-employed. These will prove your eligibility for the Bursary that you are claiming. Without supporting evidence no bursary can be allocated.

Please complete the table below to give us an indication of what you require. This will be used as a starting point when you have your bursary meeting.

**If you are unsure as to what you may need, then please leave the table blank and we can discuss your needs at your meeting.**

|  |  |  |
| --- | --- | --- |
| **Expense** | **Details / Reasons** | **Amount Requested** |
| Books and Equipment |  | £ |
| Exam Resits |  | £ |
| Transport Costs to and from College |  | £ |
| Meals |  | £ |
| Essential Course Trips |  | £ |
| Interviews and Open Days |  | £ |
| Other Costs (please specify) |  | £ |
| **TOTAL AMOUNT REQUESTED** | **£** |

**Declaration (to be signed by the applicant and parent, legal carer or social worker).**

*We certify that the information on this application form is correct.*

*We confirm that we understand and accept that any bursary is dependent upon the terms and conditions of the Post-16 Contract being met.*

*We confirm that the applicant meets the eligibility criteria for the bursary they are applying for.*

*We have read the Bursary Fund Policy.*

[*https://www.okehamptoncollege.devon.sch.uk/post-16-bursary*](https://www.okehamptoncollege.devon.sch.uk/post-16-bursary)

**Applicant’s signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or legal carer signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Worker’s signature for a Child in Care** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

**DATE RECEIVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Updated April 2024)**